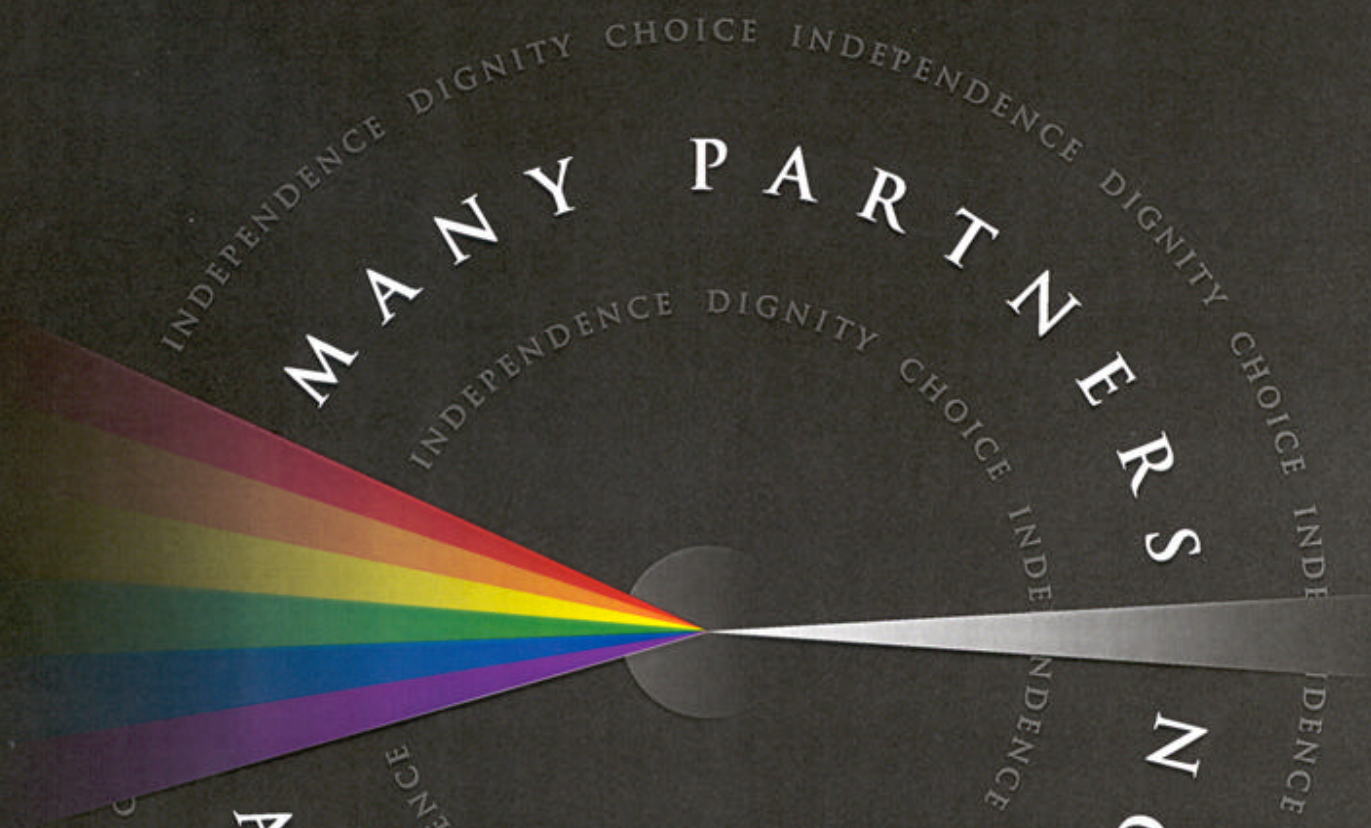

COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES
STRATEGIC PLAN FOR AGED AND DISABLED
2003 - 2006

Board of Supervisors

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Laura Medina

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Strategic Planning Consultants

Larry A. Blitz
Blitz & Reckmeyer

William J. Reckmeyer
Blitz & Reckmeyer

On January 21, 2003, the Los Angeles County Board of Supervisors adopted this Long-Term Care Strategic Plan for the Aged and Disabled Adults.

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Message from the Directors (Community and Senior Services)

It is with pleasure that CSS presents Los Angeles County's Long-Term Care Strategic Plan for the Aged and Disabled Adults. This historic document reflects our vision for the future — a community-based long-term care system that assures independence, dignity, and choice to the County's aged and disabled adult citizens.

The Baby Boom generation is aging. Over the next 30 years, starting in 2010, the County will have the largest population of older adult residents in its history. This growth spurt will place ever-expanding demands on County and community services. The County must take advantage of the current "window of opportunity" and begin to position itself for this rapid growth of its aging and disabled population.

Consensus building among the stakeholders, always an important aspect of strategic planning in the public sector, is especially critical in a setting as diverse, complex, and large as Los Angeles County. This Plan represents our success in building this consensus. We are indebted to our 170+ strategic planning partners who so willingly gave their talents, energy, passion and persistence to the development of this Plan. These County and community stakeholders devoted countless hours of their time to create a shared vision of the future of long-term care, and the means by which it can be achieved. Those stakeholders who are currently on the front lines serving older and disabled adults charted the course. County representatives aligned it with countywide strategic initiatives. A list of our strategic partners is included in this plan.

Of course, simply adopting of this plan does not mean our job is done. The next phase is implementation and that, too, will require persistence and hard work. In the coming years, we will stay focused on our goals and share our strategies with others. We will recruit more allies, monitor progress, learn from mistakes, and make adjustments to the Plan as circumstances change. Throughout, we will keep the ultimate beneficiaries of our strategic planning and implementation efforts, the County's older adult and disabled residents, in sharp focus.

Establishment of a long-term care services infrastructure must begin immediately. Consumer demand for better long-term care services in Los Angeles County is already compelling and will increase dramatically in less than a decade. I ask you to support our vision and help us build and strengthen a long-term care services infrastructure that will assure independence, dignity, and choice to all who need its services.

Sincerely,

Robert Ryans, Director
Department of Community and Senior Services

Mike J. Earley, Director
Area Agency on Aging

January 2003

Executive Summary

This report summarizes the results of a project to develop the first-ever Long-Term Care Strategic Plan for the Aged and Disabled Adults of Los Angeles County. Development of the plan was led by the Department of Community and Senior Services (CSS) in response to a March 2000 directive from the Los Angeles County Board of Supervisors. This Long-Term Care Strategic Plan was created by numerous community and county stakeholders over an intensive two-year process. The Plan's recommendations are intended to provide a practical framework for the first step in transforming long-term care services in the County.

CSS used three central themes to guide this initial planning effort. First, the Strategic Plan was collaboratively developed by a broad set of persons representing major County departments and community organizations; it encourages the development of new relationships rather than new bureaucracies. Second, the Strategic Plan is practically-focused on producing a basic framework to improve actual service delivery in the short-term and the long-term; it includes small steps as well as large steps. Third, the Strategic Plan is operationally-feasible; it is aligned with CSS and County departmental strategic plans in addition to community-wide strategic efforts.

This Strategic Plan summarizes eight compelling factors driving the County to start thinking and acting strategically now to prepare for the future of long-term care. It identifies 14 critical long-term care issues facing Los Angeles County, proposes a basic mission, values, and vision for long-term care planning by the County during the coming decade, and develops a set of integrated recommendations for improving long-term care service delivery during the next three years.

The recommendations form the heart of this Strategic Plan and include 7 broad *Goals*, 24 general *Strategies* to advance the core goals, and 47 specific *Objectives* to implement the strategies. Goal 1 is a meta-goal that transcends concerns common to six service areas; goals 2 – 6 address the service-oriented areas of concern.

Goal 1 – Stimulate the Coordination of Long-Term Care Services
Goal 2 – Advance Health Care Services for the Aged and Disabled Adults
Goal 3 – Enhance Mental Health Care Services for the Aged and Disabled Adults
Goal 4 – Promote Home & Community-Based Services for the Aged and Disabled Adults
Goal 5 – Cultivate Caregiver & Kinship Services for the Aged and Disabled Adults
Goal 6 – Grow Housing Services for the Aged and Disabled Adults
Goal 7 – Strengthen Transportation Services for the Aged and Disabled Adults

The Strategic Plan also outlines 6 practical considerations that will need to be addressed as the County moves forward with implementing these recommendations. Success will depend on the same kind of collaboration and concerted focus that has characterized the planning process. In particular, it will be important to form and nurture a continuum of County-Community partnerships and associations that will promote buy-in and sustain commitment through the development of win-win opportunities in all aspects of the Plan.

Long-Term Care Planning Context

Los Angeles County similar to the rest of the United States, is a region characterized by profound change and conflicting views. Some of the most significant changes are occurring in health and human services, which have grown tremendously during the last several decades as the County's population has exploded and its residents' needs have expanded. One of the most critical and least recognized areas of concern involves the growing needs of older adults and persons with disabilities. The growing needs of this population have received relatively little attention in the debate over health care reform during the past decade. This has occurred because the aged and disabled adults occupy a marginal position in society, they represent a smaller portion of the population as a whole, and they tend to require ongoing long-term care rather than the episodic short-term interventions that are the mainstay of modern health and human services.

Senior and disabled care is going to change very suddenly and dramatically, as the Baby Boomers reach elderly status and enter retirement. In coming decades, the ranks of the elderly and people with disabilities will swell to a degree that is unprecedented in history. The growth of this population, coupled with generational differences between them and the rest of the County's population, will likely overwhelm County programs and resources unless appropriate plans are made. Consequently, services for the next generation of older adults will have to be more comprehensive than they are at the present time. Successful planning and implementation to meet this challenge in coming decades will require considerable foresight and effort rather than a simple extrapolation of existing services.

Recognizing the needs of this population is only the first step in making the kind of progress that will be required. Today's older adults and persons with disabilities are living longer and healthier lives than their predecessors – a trend that is expected to continue. This is good news for those who have the personal resources and support of caregivers to fully enjoy the benefits of increased longevity, but it is a decidedly mixed blessing for those who do not. While the majority of older adults and adults with disabilities can count on some level of publicly-funded programs to cover their basic health care requirements and some supportive services, many needs go unmet. Moreover, it is increasingly common that many older adults and disabled people do not know what services are available to help meet their needs or how to readily access them. For these reasons, there is growing community consensus that public programs should be drastically refocused to provide a more comprehensive set of social and supportive services that promote independence and enable people to reside in home and/or in home-like settings for as long as possible.

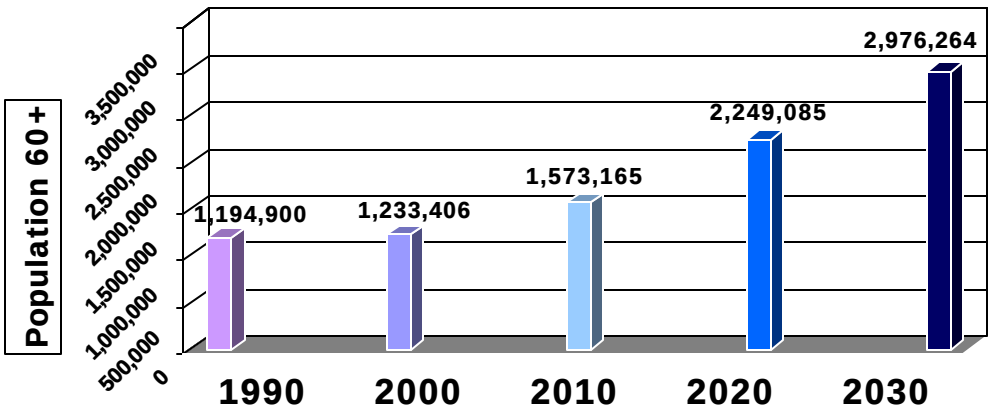
Long-Term Care Planning Rationale: Eight Compelling Factors

In March 2000, the Los Angeles County Board of Supervisors approved a motion to adopt the report entitled *Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population* jointly prepared by the Department of Community and Senior Services (CSS) and the Department of Health Services (DHS). That report provided an overview of service demands that were likely to result from the growing elderly population, identified 6 sets of significant findings about critical issues facing older adults, and made 19 related recommendations for improving long-term care services. Most importantly, the report recommended the immediate implementation of a community-based strategic planning process to prepare the County to more effectively address the needs of its aged and disabled adults residents [1].

There are several major reasons why the County has decided to engage in better long-term care planning at this time. These reasons reflect a growing gap between service demand and service delivery. The most important factors are summarized below. Further discussion of these factors is delineated in Appendix A.

1. **Population Growth** – There will be more older adults and disabled adults in the next several decades, primarily due to the aging of the Baby Boom generation (those persons born between 1946-1964.) In the year 2030, the age 60+ population in the County will increase by 149% from the year 1990[2].

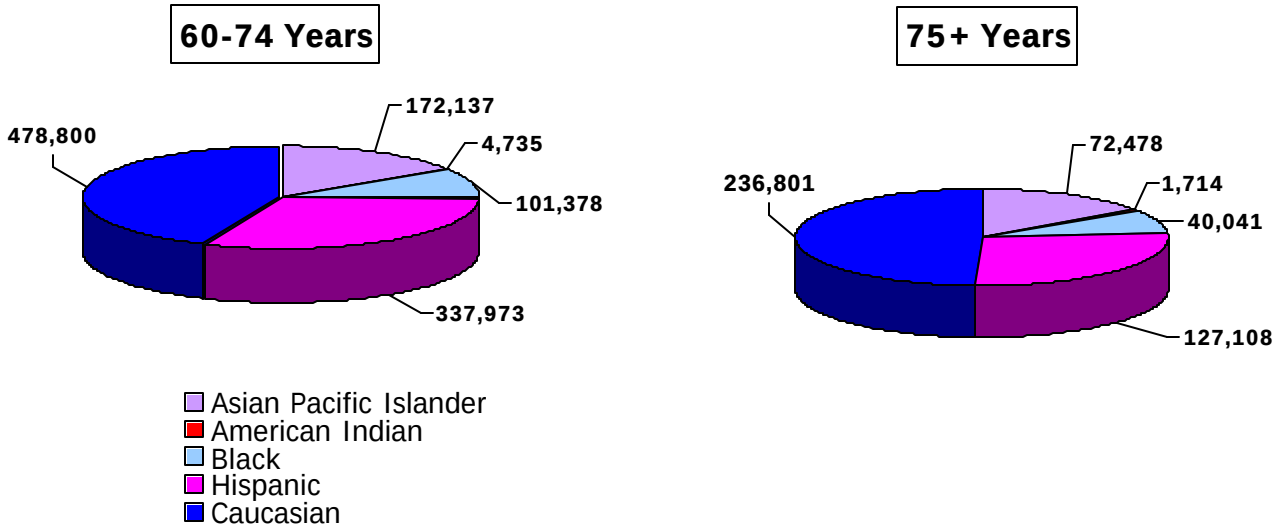
Graph 1: Older Adult Population - Los Angeles Count
1990 to 2030



[1] Klopfleisch, Stephanie and Finucane, Mark. *Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population*. Los Angeles: County of Los Angeles, 1999.
[2] Hedderson, John et al., Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030. Sacramento: Walter R. McDonald & Associates, 2002.

2. **Demographic Diversity** – Los Angeles County represents an extreme diversity of persons. The ethnic populations are growing faster than the population at large due to an influx of immigrants in recent years; many do not speak English as their primary language. In the year 2010, 56% of the age cohort 60-74 will be of some ethnic background[3].

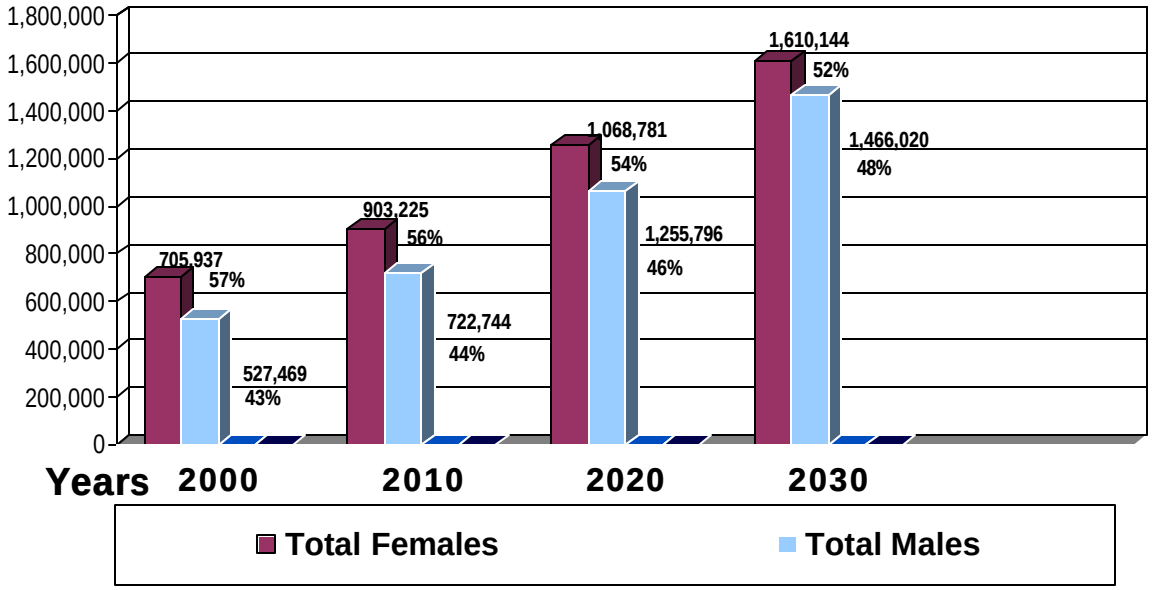
Graph 2: Older Adult Population by Age and Race/Ethnicity
Los Angeles County, Year 2010



3. **Women's Issues** – The most pivotal demographic indicator reflects the disproportionate role of women as both care-receivers and caregivers. Women will place a much greater demand on long-term care services for several core reasons: (1) the total number of elderly women will increase dramatically in the next three decades, more than doubling by 2030, (2) females comprise a larger percentage of the frail elderly (age 85+ years), out numbering males by a nearly 2:1 ratio, and (3) women generally have significantly fewer financial resources (e.g., pensions and shorter work histories) than men and have to stretch them further due to their lower lifetime earnings and greater longevity. Furthermore, as caregivers, females constitute an even more significant majority of people who are engaged in providing some level of informal care to family or friends, about 75% of the total caregivers according to some estimates[4].

[3] Hedderson, John et al., Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030. Sacramento: Walter R. McDonald & Associates, 2002.
[4] Mother's Day Report (Graph), Washington D.C.: Older Women's League, 2001.

Graph 3: Population by Gender (2000-2030) - Age 60+



4. **Life Expectancy** – People are living much longer today than previous generations. This disproportionately amplifies the demand for services. Half a century ago, people lived an average of seven years beyond retirement; now they are living an average of 22 years beyond retirement, a trend that is likely to increase with the elderly of tomorrow.

5. **Quality of Life** – There exists a shift in focus about the quality of life that older adults and adults with disabilities find most desirable. Research suggests that individuals prefer to remain self-sufficient for as long as possible. Trends in the past century reveal a growing reliance on institutionalized services as people age in part because of the increased need for specialized health care and the fading networks of extended families/friends that traditionally provided home-based support for the elderly.

6. **Fragmented Service Delivery** – The most critical difficulty facing older adults and adults with disabilities is an inability to easily access available services. The problem does not primarily lie in a lack of appropriate services, although the delivery system suffers from heavy demand and inadequate resources. It also lies in the overly fragmented and often competitive nature of the long-term care system.

7. **Institutional Capacity** – The County's institutional capacity to provide the specialized acute health care and skilled nursing services that older adults and disabled adults require will affect service delivery. Despite the shift towards home-based supportive services, health care will remain a core component of the long-term care system due to the increased vulnerability of that segment of the County's population. The highest healthcare costs come with multiple chronic conditions, not age.

8. **Financial Resources** – The last major factor affecting the delivery of long-term care services in Los Angeles County is financial resources. This involves funding levels as well as the source of funds and the constraints of the funding streams. Long-term care is more expensive and more dependent on a mix of public funding from federal, state, and local sources than any other economic sector (accounting for more than 30% of national health care expenditures and more than 50% of social service costs.) The categorical nature of these funds constrains the availability and the delivery of long-term care services, focusing on institutionalized medical treatment with little or no authorization for requisite home-based supportive services.

Strategic Planning Project

The report approved by the Board of Supervisors in March 2000 indicated the County had about a decade to develop a long-term care system that would meet the anticipated needs of its residents.[5] Long-term care planning in Los Angeles County is even more challenging than in other parts of the country, because of the county's size and complexity. From the outset, the Department of Community & Senior Services (CSS) used three central themes to guide this planning project. **First**, the Strategic Plan should be collaboratively-developed by a broad set of people representing major County departments and Community organizations; it encourages the development of new relationships rather than new bureaucracies. **Second**, the Strategic Plan should be practically-focused on producing a broad framework to improve actual service delivery in the short-term and in the long-term; it includes small steps as well as large steps. **Third**, the Strategic Plan should be operationally-feasible; it is aligned with CSS and County departmental strategic plans, in addition to community-wide strategic efforts.

Overall, our threshold approach was to ***Find the Fit***[6], the County and community alignment, built on a shared vision (Figure 1- Finding the Fit). The implementation of the County's Strategic Plan (initially adopted in November 1999 and revised in December 2002) added credibility to the long-term care strategic planning process. If the County could start thinking and acting strategically now, then long-term care strategic planning fits. Furthermore, alignment with community-wide strategic opportunities was far-reaching. Examples include: (1) City of Long Beach's development of a strategic plan for older adults, (2) LAHSA's (Los Angeles Homeless Services Authority) strategic planning currently underway, (3) MTA (Metropolitan Transportation Authority) and the County's IOG (Interagency Operations Group) planning on transportation initiatives, and (4) UCLA Advanced Policy Institute and the County's CIO (Chief Information Officer) development of LILA (Living Independently in Los Angeles – web-based information on a variety of services and resources for the disabled.)

Formal work on the project began in Spring 2001, when CSS staff developed an operating structure and process for the project. The structure focused on establishing three related planning groups (Figure 2). One was a *Community Round Table* (CRT) composed of 100-150 consumers, service providers, advocates, and experts (see Appendix B for a description of CRT responsibilities, schedule of CRT meetings, and list of CRT participants). Another was an *Interdepartmental Planning Body* (IPB) composed of 20-25 people from key County agencies (see Appendix C for a description of IPB responsibilities, schedule of IPB meetings, and list of IPB participants,). The third was a *Work Group* (WG) composed of 18-20 leaders from the CRT and IPB to enhance communication and collaboration throughout the project (see Appendix D for a description of WG responsibilities, schedule of WG meetings, and list of WG members,). The CRT and the IPB met on a bi-monthly basis, providing input and feedback to the WG on all aspects of the project. The WG met on a monthly basis, serving as principal developers and crafters of the planning document.

[5] Klopfleisch, Stephanie and Finucane, Mark.
[6] Barry, Bryan W. *Strategic Planning Workbook for Non-profit Organizations*. Amherst H. Wilder Foundation. Minnesota, Saint Paul, 1998.

Figure 1

Long-Term Care for Aged and Disabled Adults
Los Angeles County

FINDING THE FIT: COUNTY AND COMMUNITY ALIGNMENT

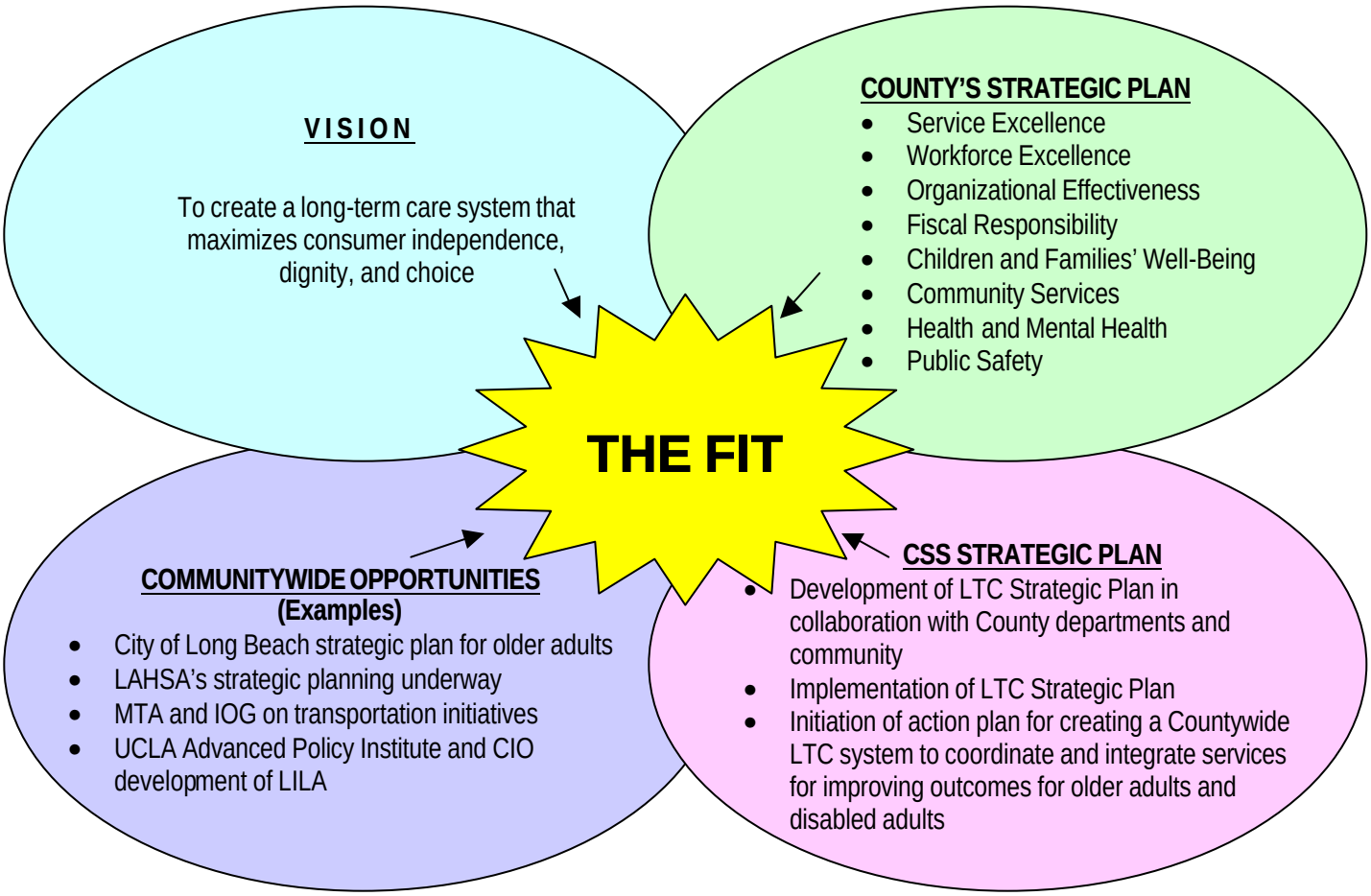
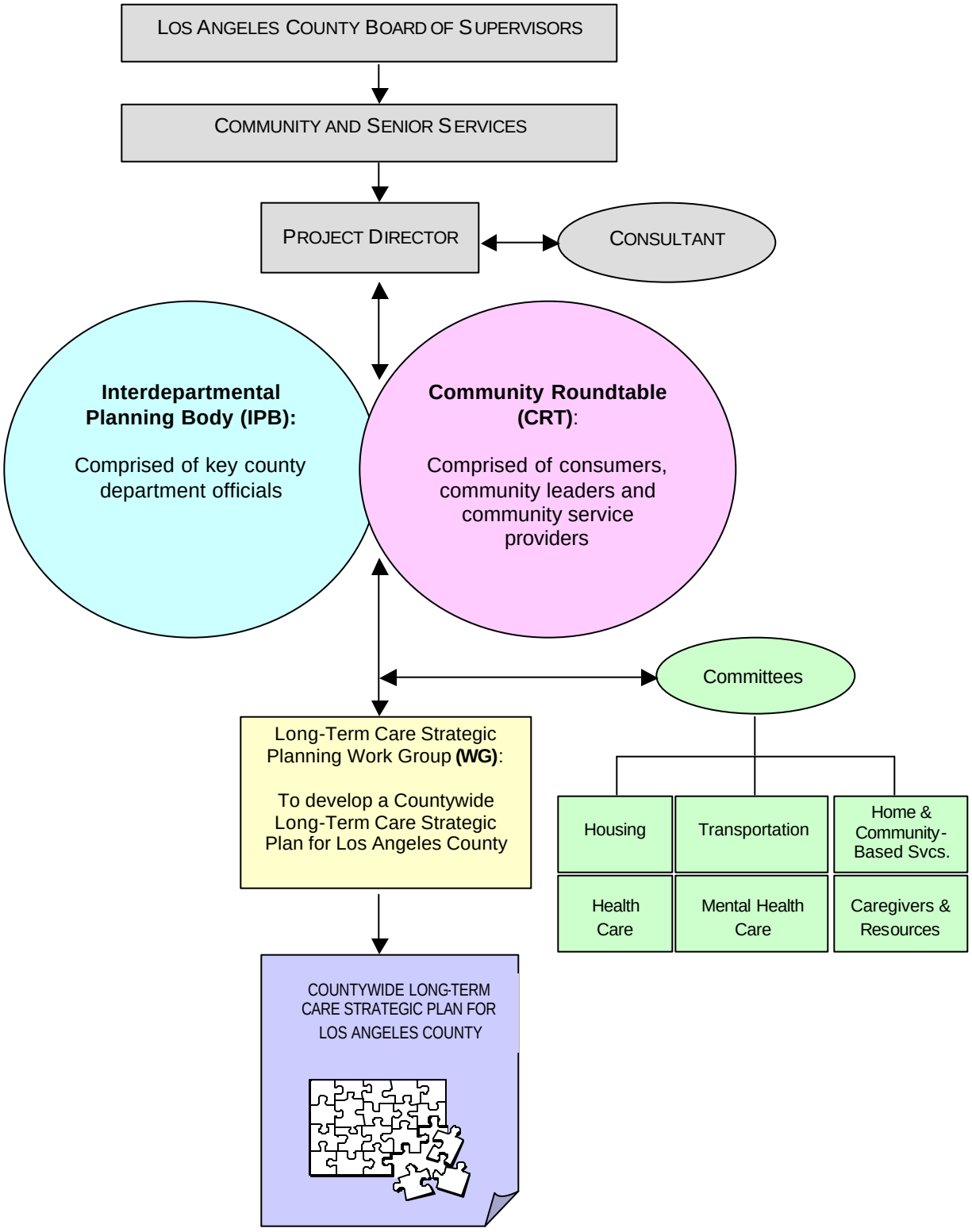


Figure 2

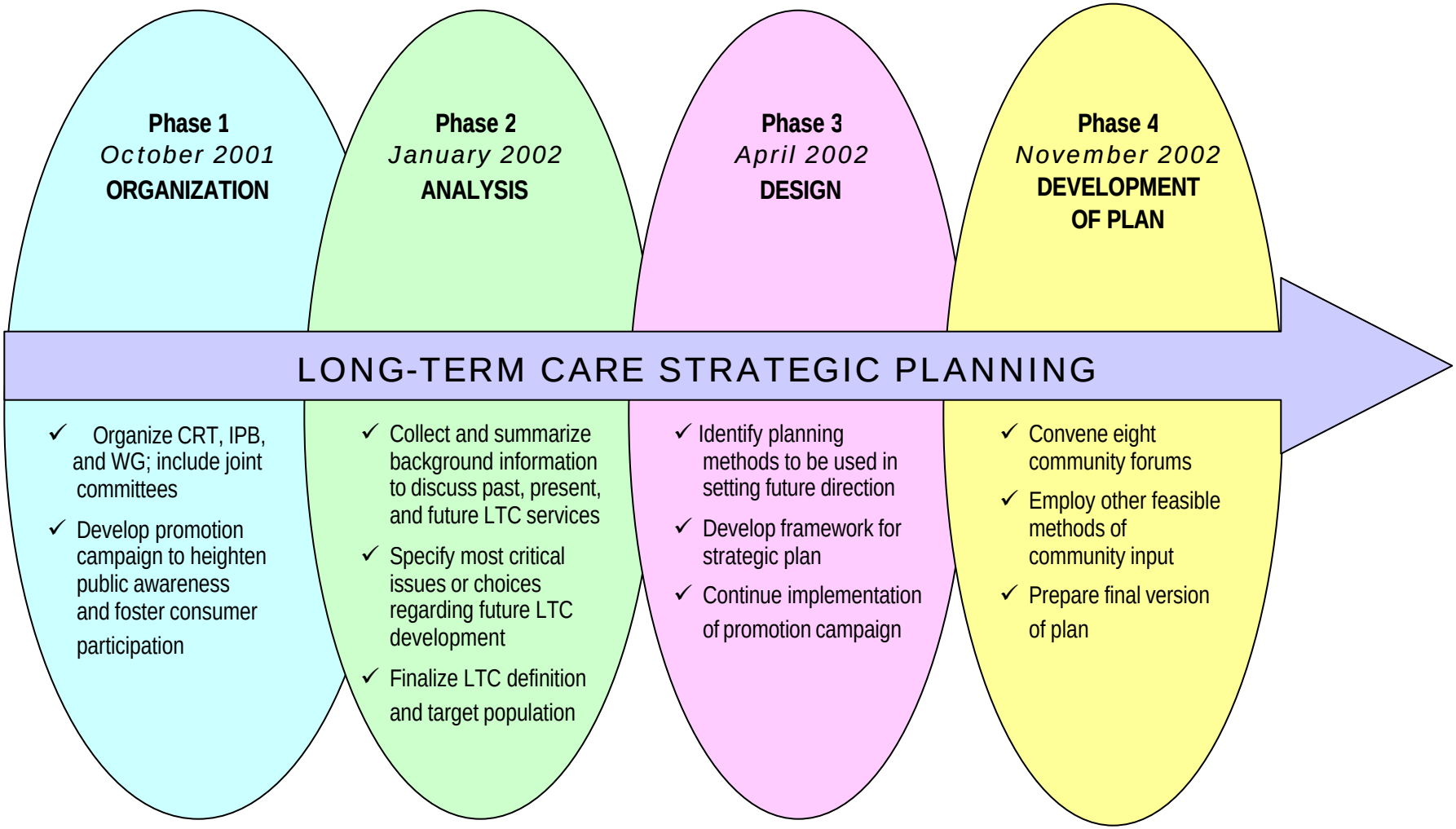
Long-Term Care for Aged and Disabled Adults
Los Angeles County
Strategic Planning Structure



The process focused on four major project phases (Figure 3). *Phase I – Organization* focused on those activities that were required to launch the project, including hiring project consultants and convening the three planning groups. *Phase II – Analysis* focused on the activities that were required to clarify substantive concerns including the identification of critical issues and evaluation of major trends in long-term care. *Phase III – Design* focused on those activities that were required to create an initial draft of the Plan itself, including the definition of a coherent vision for long-term care planning and drafting a coherent set of recommended changes to improve service delivery. *Phase IV – Development* focused on fine-tuning the Plan including soliciting public input through a series of community forums convened throughout the County and preparing this report for approval by the County Board of Supervisors.

Figure 3

Long-Term Care for Aged and Disabled Adults
Los Angeles County
Strategic Planning Process



Critical Issues

The first major component of the Long-Term Care Strategic Plan includes a set of 14 critical issues that are seen as the most significant factors affecting long-term care planning in Los Angeles County. These issues were developed through a multi-stage process that involved several iterations of analysis by the planning groups as well as a comprehensive summary of relevant background materials by the project consultants.

The Community Roundtable (CRT) and Interdepartmental Planning Body (IPB) spent October-November 2001 identifying more than 200 issues, which they condensed into an initial set of 91 critical issues. The issues were submitted to the Work Group (WG) in early December 2001 for more detailed analysis. At the same time, project consultants prepared a summary of relevant trends to help the planning groups discuss past/present/future issues in long-term care, based on their comprehensive review of materials collected by CSS staff as well as a variety of other academic and professional sources.

CSS staff, project consultants, and a subcommittee of the WG clustered these 91 issues into two subsets: (1) 9 service-based issues and (2) 16 theme-based issues. These 25 issues were then evaluated and rated by members of the WG during January-February 2002. There were widely-varying opinions about the relative importance of different issues and how many should be included. The WG as a whole agreed that some issues are more vital to long-term care than others, however, and recognized that it will be very difficult to implement this Strategic Plan if it tries to do too much.

The result of this iterative analysis was the identification of 14 high-priority issues. These were organized in two basic categories; 4 are viewed as *Most Critical Issues* and 10 are seen as *Very Critical Issues*. The WG made no effort to rank the issues, noting that those included in each category are seen as relatively equivalent in importance.

Most Critical Issues

Funding Resources & Limitations. Issues associated with the need for increasing the level of funding for older adults and disabled adults services, decreasing the constraints involved with public funding, using funds more effectively and efficiently, reconciling conflicts between federal/state/local funding sources, and stabilizing the resource base for older adult and disabled adult programs.

Transportation Services. Issues associated with the need for available, accessible, affordable, and better coordinated transportation services to help older adults and disabled adults maintain their public mobility including increased resources for such services.

Housing Services. Issues associated with the need for available, accessible, and affordable housing accommodations, assistance, and related support services to help older adults and disabled adults “age in place” including increased resources for such services.

Caregiver and Kinship Services. Issues associated with the need to provide appropriate caregiver services (i.e., care by family, kin, volunteers, and professionals) to older adults and disabled adults with chronic illnesses or disabilities. These include ways to increase the numbers of caregivers, improve their training, enhance coordination of services, build a more coherent infrastructure for such services, and expand the resources to do so.

Very Critical Issues

Fragmented System of Services. Issues associated with the need for a comprehensive continuum of medical/social/support services and a more integrated system for seamlessly delivering them in ways that are better coordinated, more user-friendly, and less duplicative so that older adults and disabled adults receive more appropriate care.

Health Care Services. Issues associated with the need for available, accessible, and reliable set of vital medical and health care services including preventive as well as acute services.

Mental Health Services. Issues associated with the need for a better-defined, more widely-available and accessible set of mental health services to assist and treat older adults and disabled adults with varying degrees of mental illness especially in terms of better coordination with mainstream medical care.

Cultural & Language Barriers. Issues associated with the need for culturally-sensitive approaches to service delivery that improve access to and utilization of services by the diverse population of Los Angeles County especially for its non-English-speaking residents.

Information & Referral/Assistance Services. Issues associated with the need for a comprehensive, coordinated, and user-friendly set of initial access points for helping older adults and disabled adults learn about and utilize the services available to residents of Los Angeles County.

Access to Services. Issues associated with the need to improve older adults' and disabled adults' general ability to obtain a broad variety of services available to residents of Los Angeles County.

Advocacy. Issues associated with the need for better lobbying and media attention to support older adults and disabled adults causes, improve programs and services, and increase consumer influence on public policy making.

Care Management. Issues associated with the need for more integrated and comprehensive approaches to care (case) management that help older adults, disabled adults, and caregivers access an appropriate mix of medical/social/ support services.

Quality of Care. Issues associated with the need to significantly improve the quality of care that older adults and disabled adults receive and the community-acceptable standards of medical/ mental/social/ support services delivery that providers must meet or exceed.

Workforce Resources and Development. Issues associated with the need for attracting more people to work in long-term care, developing an appropriate mix of qualified personnel to deliver required services, improving staff and volunteer training, and securing the resources to ensure the long term availability of this workforce as the Baby Boomers age.

Scope and Purpose

The second major component of the Long-Term Care Strategic Plan includes a set of basic statements that are intended to focus long-term care planning in Los Angeles County in the future. The first set of statements summarize the suggested Mission-Vision-Values for the Long-Term Care system (Table 1.) The second set of statements define Long-Term Care and the Target Population for all these services in the County (Table 2.)

Table 1

Long-Term Care System
Los Angeles County

Mission

Our mission is to provide long-term care services assuring independence, dignity, and choice. These include a broad range of medical/ mental/social/support services that assist older adults (60+ years of age) and adults with disabilities (18+ years of age).

Vision

Our vision is to create a long-term care system that maximizes consumer independence and dignity through the coordinated delivery of a comprehensive continuum of medical/mental/social/support services that are responsive to and accessible by Los Angeles County's diverse populations of older and disabled adults, their families, and caregivers.

Values

Our values emphasize an inherent respect for the people we serve, a consumer-oriented approach to service delivery, a focus on community-acceptable standards of care, a reliance on collaboration and communication, and a commitment to excellence.

Table 2

Long-Term Care Definitions
Los Angeles County

Long-Term Care

A range of medical/mental/social/support services to assist a culturally-diverse population maintain their independence and assure individual dignity and choice.

Target Population

Los Angeles County residents who are either older adults (60+ years old) or adults with disabilities (18+ years old) and their families and caregivers.

Strategic Plan – Summary of Recommendations

The third major component of the Long-Term Care Strategic Plan includes an integrated set of recommended action items that are the heart of this Plan. These include 7 broad Goals, 24 general Strategies to advance these goals, and 47 specific Objectives to implement the strategies over the next three years. These recommendations were developed by the WG in collaboration with the CRT and IPB through an iterative multi-stage design process similar to the one that was used to identify the critical issues.

The WG first identified seven basic goals (Figure 4) for long-term care planning, aligning with County and community strategic efforts and opportunities. Goal 1 is a meta- goal that transcends concerns common to six service areas. Goals 2 – 6 address the service-oriented areas of concern that had been originally identified by the CRT at the beginning of the project. The WG then drafted a coordinated set of nearly-identical strategies for the six service-oriented goals, to encourage win-win opportunities, and several other high-priority strategies for the meta-goal.

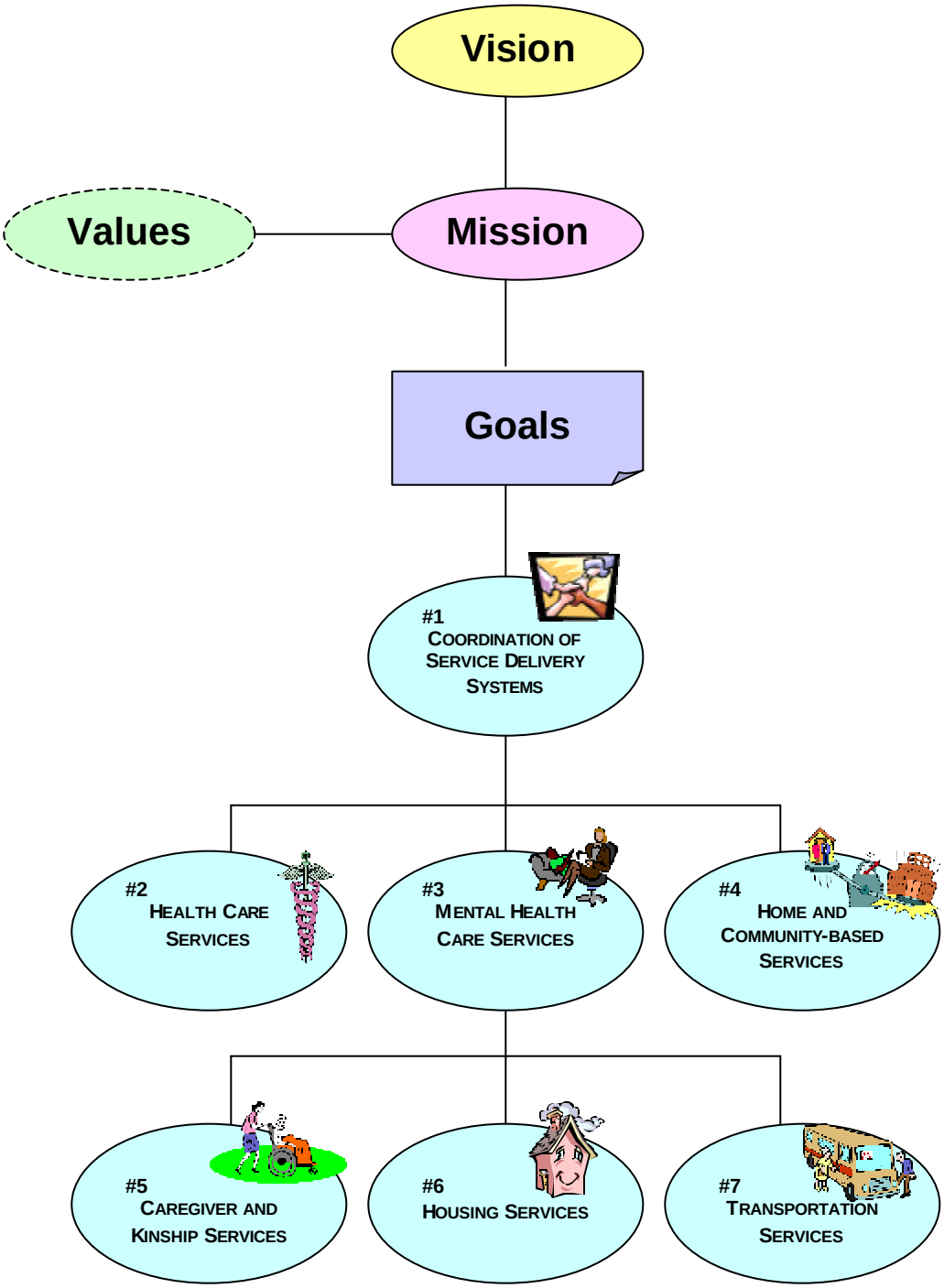
The CRT and IPB spent February-March 2002 generating potential recommendations for specific objectives to carry out the strategies. In early April 2002 more than 100 recommendations were submitted to the WG. At the same time, the project consultants prepared a summary of best practices based on their experience in the field and a review of multiple sources describing innovative approaches to long-term care in other California counties and from around the country. CSS staff, project consultants, and a subcommittee of the WG refined these initial inputs into 75+ action items and then prioritized them into 41 high-priority objectives that were approved by the WG at the end of May 2002.

After a final draft of the Strategic Plan was completed, CSS convened eight Community Forums (one in each of the Service Planning Areas) throughout the County during June 2002 to solicit public comments and questions about the Plan. CSS staff and project consultants presented an overview of the Plan as a whole, including the draft Goals/Strategies/ Objectives and led active discussions with forum participants. About four hundred persons total attended these forums, ranging from 25-150 people at each forum depending on the specific site.

The result of this process is a set of explicit recommendations described in detail in the following section of this report. The WG made no effort to rank the Goals/Strategies/ Objectives. There was wide-spread agreement among WG members as well as CSS staff and project consultants that some objectives can be implemented in the short-term (1-2 years) and other objectives will require long-term effort (3 years+.)

Figure 4

Los Angeles County
Long-Term Care Strategic Plan



Long-Term Care Strategic Plan
– Detailed Recommendations –

Goal #1 – Stimulate the Coordination of Long-Term Care Services

Strategy 1.1 – Establish an Infrastructure to Coordinate Long-Term Care Strategic Planning and Implementation in Los Angeles County

Objective 1.1.1 – by the end of Year 1, appoint the Los Angeles County Department of Community and Senior Services (CSS) to oversee coordination of long-term care planning for older adults and adults with disabilities in Los Angeles County, working with existing county and community committees, task forces, and groups wherever possible.
Lead Responsibility: CSS.
Shared Responsibility: CAO SIB.
Implementation Category: A

Objective 1.1.2 – by the end of Year 1, establish a Long-Term Care Coordinating Council (LTCCC) composed of county, provider, community, and consumer representatives to advise, implement, and monitor progress on long-term care strategic planning and implementation in the County.
Lead Responsibility: CSS.
Shared Responsibility: DHS; DMH; DPSS; DCFS; CIO; DPR; Commission on Aging; Women's Commission; Disability Commission; Human Relations Commission; Mental Health Commission; PASC; other relevant county and community groups.
Implementation Category: A

Strategy 1.2 – Improve Inter-Agency Coordination and Care Management

Objective 1.2.1 – by the end of Year 2, prepare recommendations for information system capabilities to improve client self-navigation and electronic access to information about long-term care services – including but not limited to best practice examples, preventive and alternative care, and end-of-life care that optimize community resource management while addressing individualized needs and consumer-tracking services.
Lead Responsibility: CIO.
Primary Support: LTCCC.
Shared Responsibility: CSS; DHS; DMH; DPSS; DCFS; other relevant county and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Objective 1.2.2 – by the end of Year 1, conduct an inventory of county programs by Service Planning Areas that provide long-term care services for older adults and adults with disabilities to identify the most significant gaps, duplication of services, and unmet needs for long-term care services.
Lead Responsibility: CAO SIB.
Primary Support: CSS.
Shared Responsibility: LTCCC; DHS; DMH; DPSS; DCFS; DPR; other relevant county and community groups.
Implementation category: A

Objective 1.2.3 – by the end of Year 2, develop a comprehensive service delivery model to enhance the coordinated delivery of long-term care services, including an integrated case management component, and prepare an action plan to begin its implementation on a county-wide basis.
Lead Responsibility: CSS.
Primary Support: LTCCC.
Shared Responsibility: DHS; DMH; DPSS; DCFS; other relevant county and community groups.
Implementation Category: A

Strategy 1.3 – Maximize Revenue and Mitigate Funding Stream Limitations and Exclusions

Objective 1.3.1 – by the end of Year 3, prepare annual aging and disabled services budget and program information that identifies all County programs/budgets that provide long-term care related services for older adults and adults with disabilities in the county, including funding sources; determine feasibility of incorporating this information into the Children and Family Budget.
Lead Responsibility: CAO SIB.
Shared Responsibility: All county departments.
Implementation Category: A

Objective 1.3.2 – by the end of Year 3, prepare proposed legislative or regulatory recommendations and actions that would mitigate funding stream limitations and exclusions, allowing for blending of different funding streams and better integration of services.
Lead Responsibility: LTCCC.
Primary Support: CAO.
Shared Responsibility: All county departments.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Objective 1.3.3 – by the end of Year 3, identify possible program waivers that would increase federal and state funding for long-term care programs (e.g., Title XIX – Medicaid)
Lead Responsibility: DPSS.
Primary Support: CSS.
Shared Responsibility: LTCCC; PASC.
Implementation Category: A

Strategy 1.4 – Enrich Culturally-Appropriate Delivery of Long-Term Care Services

Objective 1.4.1 – by the end of Year 1, establish a Long-Term Care Inter-Cultural Advisory Committee of the LTCCC to help advise and monitor the delivery of linguistically-specific and culturally-specific long-term care services, including a plan to develop appropriate language translation of major informational and educational materials.
Lead Responsibility: CSS.
Primary Support: OAAC.
Shared Responsibility: LTCCC; community colleges; school districts; other relevant county and community groups.
Implementation Category: A

Strategy 1.5 – Foster Advocacy for Older Adults and Adults with Disabilities

Objective 1.5.1 – by the end of Year 1, prepare a plan to coordinate advocacy efforts at the federal, state, and local levels for adequate funding, legislative, regulatory, administrative action, and community organizing that meets the county's growing need for long-term care services.
Lead Responsibility: CSS.
Shared Responsibility: LTCCC; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #2 – Advance Health Care Services for the Aged and Disabled Adults

Strategy 2.1 – Improve Health Care Services & Coordinated Delivery

Objective 2.1.1 – by the end of Year 3, prepare an action plan to ensure that the safety net responsibilities continue to be met for older adults and adults with disabilities throughout the County.
Lead Responsibility: DHS.
Shared Responsibility: LTCCC; CSS; other relevant county and community groups.
Implementation Category: A

Objective 2.1.2 – by the end of Year 3, conduct a feasibility study to establish a Geriatric Center of Excellence (GCE) in Los Angeles County, to include such factors as [a] assessing the potential revenue to support the GCE; [b] exploring the benefits/costs of a centralized resource center; [c] integrating geriatric clinics and incorporating the latest geriatric protocols; [d] developing prototypes to test the GCE concept; [e] developing an Adult Day Health Center on the campus of the GCE; [f] determining "best practice" characteristics that can be applied to the GCE; and [g] working with area universities and schools of medicine.
Lead Responsibility: LTCCC.
Shared Responsibility: DHS; CSS; other relevant county and community groups.
Implementation Category: A, B

Strategy 2.2 – Expand Access to Health Care Services

Objective 2.2.1 – by the end of Year 1, specify requirements for enhanced information system capabilities in the County to improve client self-navigation and electronic access to information about health care-related long-term care services.
Lead Responsibility: CIO.
Shared Responsibility: DHS; CSS; other relevant county and community groups.
Implementation Category: A

Objective 2.2.2 – by the end of Year 3, as funds are identified, develop and launch selected pilot projects to improve access to essential health care-related long-term care services including community-based health services.
Lead Responsibility: LTCCC.
Shared Responsibility: DHS; CSS; DPSS; DMH; DCFS; PASC; other relevant county and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Strategy 2.3 – Promote the Quality of Health Care

Objective 2.3.1 – by the end of Year 2, work with the CAO's Service Integration Action Plan (SIAP) Team to identify exemplary best practices and develop community-acceptable standards in services, programs, and activities for improving the delivery of health care-related long-term care services, working in collaboration with service providers, advocacy groups, trade associations, academic institutions, and philanthropic foundations.
Lead Responsibility: LTCCC.
Shared Responsibility: DHS; CAO SIAP Team; CSS; PASC; DPR; other relevant county and community groups.
Implementation Category: A

Objective 2.3.2 – by the end of Year 3, pursue new revenue to support an Office of Senior and Disability Health Services within the Department of Health Services (DHS) to provide leadership in coordinating the delivery of county-wide long-term care health-related services (including the promotion of health and disease prevention) for older adults and adults with disabilities.
Lead Responsibility: DHS.
Primary Support: LTCCC.
Shared Responsibility: CAO; DPSS; PASC; other relevant county and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #3 – Enhance Mental Health Care Services for the Aged and Disabled Adults

Strategy 3.1 – Improve Mental Health Services & Coordinated Delivery

Objective 3.1.1 – by the end of Year 2, improve consistency among mental health, social, and health service providers by working with the Older Adult System of Care Committee to enhance planning and promote on-going sharing of information about issues and services for older adults and adults with disabilities.
Lead Responsibility: DMH.
Shared Responsibility: CSS; LTCCC; other relevant county and community groups.
Implementation Category: A

Strategy 3.2 – Expand Access to Mental Health Services

Objective 3.2.1 – by the end of Year 2, collect, update, and disseminate user-friendly information to service providers, family and other caregivers, the community at large, and others involved with at-risk and mentally-ill older adults and adults with disabilities.
Lead Responsibility: DMH.
Primary Support: CIO.
Shared Responsibility: CSS; LTCCC; DHS; DPSS; DCFS; County Libraries; other relevant county and community groups.
Implementation Category: A, B

Strategy 3.3 – Promote the Quality of Mental Health Care

Objective 3.3.1 – by the end of Year 2, develop and implement a program to evaluate the quality of mental health service delivery within the Department of Mental Health (including its contractors).
Lead Responsibility: DMH.
Shared Responsibility: CAO SIB; LTCCC; other relevant county and community groups.
Implementation Category: A

Objective 3.3.2 – by the end of Year 1, develop and implement a program to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities.
Lead Responsibility: DMH.
Shared Responsibility: CSS; DHR; other relevant county and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #4 – Promote Home and Community-Based Services for the Aged and Disabled Adults

Strategy 4.1 – Improve Coordination of Services and Identify Long-Term Care Services and Resources

Objective 4.1.1 – by the end of Year 2, prepare a comprehensive list of community-wide (i.e., community-based organizations) Long-Term Care Services and Resources available in each Service Planning Area that will be web-accessible to providers and users of long-term care services and updated regularly.
Lead Responsibility: CIO.
Primary Support: CSS.
Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; PASC; other relevant county and community groups.
Implementation Category: A, B

Strategy 4.2 – Expand Access to Home and Community-Based Services

Objective 4.2.1 – by the end of Year 1, support and publicize local Focal Points (and other providers of long-term care services) as community-based points of entry for information and referral to the full range of long-term care services and resources.
Lead Responsibility: CSS.
Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.
Implementation Category: A

Objective 4.2.2 – by the end of Year 2, develop an action plan for implementing protocols for agencies to use when coordinating service access and delivery to older adults, adults with disabilities, their families, and other caregivers.
Lead Responsibility: DPSS.
Primary Support: CSS.
Shared Responsibility: LTCCC; PASC; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Strategy 4.3 – Promote the Quality of Home and Community-Based Care

Objective 4.3.1 – by the end of Year 2, identify opportunities (e.g., MDT sessions) and resources (including training) for care managers and social workers in major county programs (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery.
Lead Responsibility: CSS.
Primary Support: DPSS.
Shared Responsibility: LTCCC; other relevant county and community groups.
Implementation Category: A

Objective 4.3.2 – by the end of Year 2, develop and implement a program to train caregivers, care managers, and social workers on the concepts of independent living and self-directed care to enhance service delivery and ensure that services are delivered in a manner that provides older adults and adults with disabilities with the greatest level of independence, dignity, and control.
Lead Responsibility: LTCCC.
Primary Support: OAAC.
Shared Responsibility: DPSS; CSS; DHR; PASC; other relevant county and community groups.
Implementation Category: A, B

Objective 4.3.3 – by the end of Year 1, identify opportunities for older adults and adults with disabilities to enhance self-directed care.
Lead Responsibility: PASC.
Primary Support: DPSS.
Shared Responsibility: LTCCC; ACCESS/CTSA; other relevant county and community groups.
Implementation Category: A

Objective 4.3.4 – by the end of Year 1, establish standards for service delivery and accountability (including customer satisfaction) that are client-centered and built on informal care in the context of families.
Lead Responsibility: CSS.
Primary Support: DPSS.
Shared Responsibility: LTCCC; PASC; CAO SIAP Team; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Objective 4.3.5 – by the end of Year 2, identify products, equipment and devices, which can be used to increase the independence and independent living options of older adults and adults with disabilities and develop a list of these resources.
Lead Responsibility: LTCCC.
Shared Responsibility: PASC; OAAC; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #5 – Cultivate Caregiver and Kinship Services for the Aged and Disabled Adults

Strategy 5.1 – Improve Caregiver and Kinship Services and Coordinated Delivery

Objective 5.1.1 – by the end of Year 3, develop web-based services for family and kinship caregivers.
Lead Responsibility: CSS.
Shared Responsibility: DPSS; KCCC; other relevant county and community groups.
Implementation Category: A, B

Objective 5.1.2 – by the end of Year 1, prepare an action plan for improving coordination of caregiver and kinship services based on a review of best practice models by working with the kinship care community.
Lead Responsibility: CSS.
Shared Responsibility: DPSS; DCFS; PASC; KCCC; Foster Parent Associations; Grandparents as Parents; Grandma's Angels; other relevant county and community groups.
Implementation Category: A

Strategy 5.2 – Expand Access to Caregiver and Kinship Services

Objective 5.2.1 – by the end of Year 2, collect, update, and disseminate information (including training opportunities) about the needs and options of caregivers to service providers, the community at large, and others involved with older adults and adults with disabilities.
Lead Responsibility: CSS.
Shared Responsibility: DPSS; DMH; DCFS; KCCC; Community Colleges Foundation; County Libraries; DPR; other relevant county and community groups.
Implementation Category: A, B

Strategy 5.3 – Promote the Quality of Caregiver and Kinship Services

Objective 5.3.1 – by the end of Year 1, prepare an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis.
Lead Responsibility: CSS.
Shared Responsibility: DMH; PASC; KCCC; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Objective 5.3.2 – by the end of Year 3, develop and implement a program within the Los Angeles County government workforce to assess County employee caregiver needs and link with caregiver services.
Lead Responsibility: CSS; DHR;
Shared Responsibility: CAO SIB; DPSS; DMH; PASC; KCCC; other relevant county and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #6 – Grow Housing Services for the Aged and Disabled Adults

Strategy 6.1 – Improve Housing Services by Coordinating Delivery of Services, Expanding Availability of Affordable Housing, and Enhancing Funding

Objective 6.1.1 – by the end of Year 2, prepare a plan to establish a Housing Trust Fund (within County jurisdiction) and encourage housing trust fund development in other jurisdictions (i.e., incorporated cities.)
Lead Responsibility: CDC.
Shared Responsibility: LTCCC; other relevant county and community groups.
Implementation Category: A

Objective 6.1.2 – by the end of Year 1, advocate at the state level for legislation or related legislative action to enable the issuance of bonds for affordable housing such as SB 1227.
Lead Responsibility: LTCCC.
Primary Support: CSS.
Shared Responsibility: CDC; other relevant county and community groups.
Implementation Category: A, C

Objective 6.1.3 – by the end of Year 1, create and promote among elected officials, decision-makers and planners, awareness of the "age wave" (demographic trend of the aging population and adults with disabilities,) and its specific housing needs and include specific references to these housing needs in legislation, regulatory and administrative actions which may have bearing on the supply of affordable housing.
Lead Responsibility: LTCCC.
Primary Support: CSS.
Shared Responsibility: CDC; other relevant county and community groups.
Implementation Category: A

Strategy 6.2 – Expand Access to Housing Services

Objective 6.2.1 – by the end of Year 2, collect, update, and disseminate information about housing availability and eligibility to every public and private agency serving older adults and adults with disabilities.
Lead Responsibility: CSS.
Primary Support: CIO.
Shared Responsibility: LAHSA; CDC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Strategy 6.3 – Promote the Quality of Housing Services

Objective 6.3.1 – by the end of Year 1, initiate an action plan with the housing development community to create an assisted living model that includes affordable housing and services for older adults and adults with disabilities.
Lead Responsibility: CSS.
Primary Support: CDC.
Shared Responsibility: LTCCC; other relevant county and community groups.
Implementation Category: A

Objective 6.3.2 – by the end of Year 2, develop and implement a public awareness/ education plan for the county, cities, elected officials, planners and developers of housing on the principles of universal design standards and encourage appropriate County agencies to participate in the development of these principles and potential adoption into the County's General Plan for new housing projects through uniform state-wide regulations that do not significantly impact cost and affordability.
Lead Responsibility: LTCCC.
Primary Support: CSS.
Shared Responsibility: CDC; DRP; other relevant county and community groups.
Implementation Category: A

Strategy 6.4 – Expand Housing Capacities for the Homeless

Objective 6.4.1 – by the end of Year 2, develop a rent-to-prevent-eviction program that specifically targets at-risk older adults and adults with disabilities.
Lead Responsibility: LAHSA.
Shared Responsibility: CSS; DPSS; DMH; CDC; other relevant county and community groups.
Implementation Category: A, B

Objective 6.4.2 – by the end of Year 2, prepare an action plan to increase the number of emergency, transitional, accessible, and permanent housing units required to meet the current and projected needs of homeless older adults and adults with disabilities.
Lead Responsibility: LAHSA.
Primary Support: CDC.
Shared Responsibility: Los Angeles City Housing Department; Los Angeles City Community Redevelopment Agency; other municipal housing authorities; other relevant county and community groups.
Implementation Category: A

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Goal #7 – Strengthen Transportation Services for the Aged and Disabled Adults

Strategy 7.1 – Improve Transportation Services by Coordinating Delivery of Services, Increasing Options, and Enhancing Funding

Objective 7.1.1 – by the end of Year 2, develop a countywide strategic plan for the coordination of health and human services transportation and public transportation which integrates transportation services for older adults and adults with disabilities including the identification of strategies such as incentives to cross boundaries and share resources.
Lead Responsibility: LTCCC.
Primary Support: MTA.
Shared Responsibility: CSS; ACCESS/CTSA; other relevant county, cities and community groups.
Implementation Category: A, B

Objective 7.1.2 – by the end of Year 2, identify transportation service gaps for older adults and adults with disabilities in the County of Los Angeles and develop a plan that provides recommendations for eliminating the gaps.
Lead Responsibility: LTCCC.
Primary Support: MTA; CSS.
Shared Responsibility: DPW; ACCESS/CTSA; other relevant county, cities and community groups.
Implementation Category: A

Objective 7.1.3 – by the end of Year 3, advocate at the federal, state, and local levels for approval of transportation as a required Activity of Daily Living (ADL) in long-term care services for older adults and adults with disabilities.
Lead Responsibility: LTCCC.
Primary Support: CSS.
Shared Responsibility: MTA; ACCESS/CTSA; other relevant county, cities and community groups.
Implementation Category: A, C

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Strategy 7.2 – Expand Access to Transportation Services by Developing a Comprehensive Transportation Information Center for Consumers

Objective 7.2.1 – by the end of Year 3, prepare a comprehensive, rapidly updateable (internet) database and associated marketing plan to inform the public about transportation services available to older adults and adults with disabilities that can be shared with health care, social service, and mental health providers.
Lead Responsibility: MTA
Primary Support: CIO
Shared Responsibility: CTSA; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.
Implementation Category: A, B

Strategy 7.3 – Promote the Quality of Transportation Services

Objective 7.3.1 – by the end of Year 2, develop and implement county-wide transportation service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity.)
Lead Responsibility: LTCCC.
Primary Support: MTA.
Shared Responsibility: MTA contractors; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.
Implementation Category: A, B

Objective 7.3.2 – by the end of Year 2, develop and implement a plan to provide volunteers and/or other transportation assistants, including escorts, to meet the needs of frail older adults who need assistance or door-to-door service.
Lead Responsibility: LTCCC.
Primary Support: ACCESS/CTSA.
Shared Responsibility: MTA; MTA contractors; CSS; other relevant county, cities and community groups.
Implementation Category: A, B

Implementation Category:
A = Use of existing resources
B = Pursue new revenue
C = Requires legislative action

Long-Term Care Strategic Plan – Implementation

This Long-Term Care Strategic Plan is clearly an ambitious effort, one that is unprecedented in the history of Los Angeles County. For the first time ever, a broad group of community and County stakeholders composed of consumers as well as providers have collaboratively worked together on aging and disabled issues in a cohesive and comprehensive manner. Translating the rhetoric of this plan into reality will require the same kind of collaboration. The intent of this plan has not been to establish a new bureaucracy or to transform the existing array of long-term care programs and service in one fell swoop, but to develop a practical framework for building a viable long-term care system for the future. Implementation of the plan depends on concerted action by County departments and the community at large over a three-year period, with particular attention to several practical concerns.

Alignment

Alignment of County and community initiatives through collaborative work is the key to successful implementation. Collaboration is the cornerstone of effective institutional change and should be the guiding theme for all subsequent work on long-term care in Los Angeles County. It was the broad community-based nature of this planning effort that most contributed to its success and implementing the plan's goals, strategies, and objectives should continue this historic collaborative spirit. This means emphasizing the development of new relationships and partnerships, not the creation of new bureaucracies and fiefdoms. Most of the detailed recommendations in the plan are compatible with the recent strategic plans developed by the County as a whole and each of the County departments.[7] Implementation efforts during Year 1 (i.e., calendar year, beginning January 2003) should focus on clarifying win-win opportunities between this plan and those strategic plans, on promoting buy-in from involved County departments and appropriate community organizations, and on developing an infrastructure to support working together on action-oriented activities. Work during subsequent years should expand these efforts so that collaboration becomes the norm rather than the exception.

Accountability and Implementation Resources

Accountability and implementation resources have been incorporated into the Strategic Plan's Goals/Strategies/Objectives. Each objective identifies the requisite stakeholders and resources to successfully implement each activity. Accountability includes lead responsibility, primary support (i.e., department/entity representing: subject matter expert, a major human services program relevant to the objective, and/or implementation of objective is within scope of entity's mission,) and shared responsibility. The implementation category (ies) delineates: use of existing resources, pursuit of new revenue, and/or requires legislative action to implement. Upon Los Angeles County Board of Supervisors approval, an implementation plan (including detailed action plans for each objective) and a strategic budget will be developed.

[7] For example, *Strategic Plan 2001-2003*. Los Angeles: Department of Community and Senior Services, 2001.

Coordination

This breadth of collaboration highlights the need for a single County department to take the lead role for coordinating and facilitating implementation of the plan. Fundamental to this plan is a commitment to developing a decentralized long-term care system, in which a network of County departments share responsibility for providing a more integrated set of long-term care programs and services, rather than creating a super-department to handle aging and disabled matters by itself. There is danger in this decentralized design, regardless of the implementers' collaborative strengths. Long-term care issues and initiatives may well fall through the cracks as departments focus on fulfilling their other responsibilities. Thus, the major responsibility of this lead department will be to guide, support, and monitor implementation of this strategic plan and be ultimately accountable for its success. The critical components to implementation include: establishment of a strong/focused long-term care coordinating council (membership will be inclusive; key stakeholders such as major CBOs, SCAG, contract cities, and other quasi-governmental entities will be actively recruited), establishment of inter/intradepartmental teams, ongoing evaluation of progress and results, and annual refinement of the Strategic Plan (i.e., redefine subsequent year's goals and objectives, if needed.)

Approach

Realistically, everything cannot be done at once and success will depend on establishing priorities throughout the implementation period. All of the recommendations proposed in this plan are important, as are many others that were considered for inclusion and omitted during the planning process, but not all of them are equally imperative. Practical realities dictate that many of the specific objectives can be undertaken in parallel. Others will have to be addressed sequentially because they depend on the completion of other objectives. Therefore, it is advisable to take an approach to implementation that is both iterative (a series of phases) and evolutionary (flexible and cumulative). Viewed in this way, small steps can be just as important as large steps – in part because they make it easier for participants to get engaged in implementing the plan, in part because early successes foster buy-in, and in part because small steps often lead to the large steps that accomplish major breakthroughs. Progress on the more complicated recommendations will require feasibility studies and pilot projects before actual changes can be initiated; although, work on some of the strategies and objectives can commence as soon as the plan is approved by the County Board of Supervisors. Work during Year 1 should focus on a balance of short-term activities (low-hanging fruit that generate early successes within existing resources) and long-term activities (high-leverage objectives that are most likely to generate substantial changes in critical aspects of long-term care).

Financial Resources

It is imperative to begin implementing this plan despite the current resource situation in County government. The need for better long-term care services is already compelling and consumer demand is going to increase dramatically in less than a decade. Financing an improved and expanded long-term care system is going to be difficult, given the current

economic challenges in California and the country at large, but it is not impossible. Since there is little likelihood that major new sources of public monies (federal, state, regional, local, etc.) will be earmarked to fund such a change effort, no matter how important it may be, implementation should focus on working within existing financial resources wherever possible. Many of the recommended objectives can be undertaken at no additional cost through the efficiencies possible with collaboration, while others can be launched with small amounts of well-targeted funding and pursued until budgetary realities improve and/or long-term care issues attract more political support. For those implementation activities that are not cost-neutral, additional public and private funding sources should be secured to finance selected pilot projects and other implementation activities. Given the emerging significance of long-term care as one of the most compelling domestic issues in the country and the relative importance of Los Angeles County to state and national affairs, the prospects for attracting support from philanthropic institutions and alternative funders is likely to increase in coming years.

Human and Information Capital

Current financial constraints underscore the importance of using existing human and information capital (i.e., human resources and information technology) as efficiently and as effectively as possible to enhance implementation efforts. The planning process has succeeded because it involved a great deal of passion, expertise, commitment, and hard work from a variety of sources – government agencies, community organizations, activists, consumers, and educators as well as the CSS staff and project consultants who guided and supported the process. Collaboration between such a diverse group of planners led to a better understanding of different points of view, broadened awareness about some of the excellent programs and best practices in Los Angeles County, and identified opportunities for improving many aspects of long-term care services for the aged and disabled adults. Implementation work during the next three years must focus on sharing information and building strategic linkages between appropriate County departments and community groups, including the creation of a comprehensive, current, web-based, inventory of long-term care programs and practices that can be easily accessed by providers and most importantly, consumers. After all, the ultimate beneficiaries of our planning and coordination efforts are the County's older adult and disabled residents.

Appendices

Appendix A

Long-Term Care Planning Rationale: Eight Compelling Factors – Detailed Discussion

Population Growth

The most obvious factor is that there will be a lot more older adults and disabled adults in the next several decades than there are now, primarily due to the aging of the Baby Boom generation (those persons born between 1946-1964). Current projections indicate that the effects of the aging of the Baby Boom generation will be unprecedented, due to the growth rate of the aged and disabled adults dramatically exceeding that of the County in general. The total number of aged and disabled adults will grow by 99% (from 1,775,066 to 3,534.517) during the period from 2000-2030 (nearly doubling,) while the County as a whole will grow by 34% (from 9,519,308 to 12,737,077) (Table 3). This growth will be further complicated by a disproportionate increase in the oldest of the old, the frail elderly, who have significantly greater needs and require higher levels of on-going care than their younger counterparts. These demographic trends are comparable to many other parts of the United States, but are even more daunting in their implications for the County due to the number of people involved. Los Angeles is not only the largest county in the country, it is more populous than 42 states, and the sheer number of people involved will more than double the demand for services.

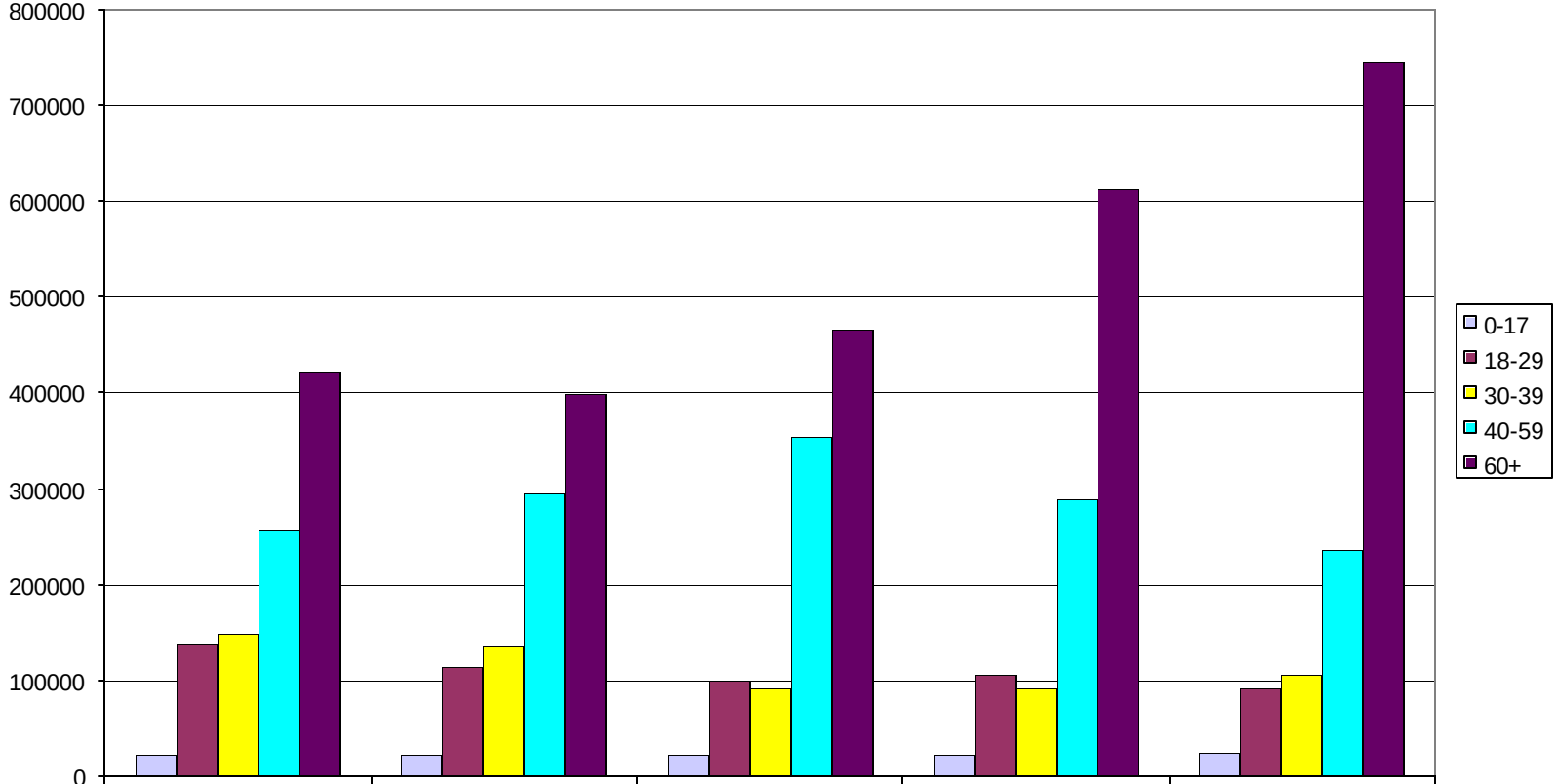
Disabled Population

Furthermore, from 1990 to 2000 the disabled population is estimated to have declined slightly in absolute numbers. Only the population ages 40 to 59 displayed an increase in the disabled population rising from 255,000 to 295,000. This isolated increase reflects the impact of the baby boom cohorts. The decline in the disabled population numbers may reflect both declines in the percentage of disabled persons, changes in the census wording of questions concerning disabilities, and sampling error.

From 2000 to 2030, the disabled population among the elderly is projected to rise substantially each decade because of increases in the elderly population. This occurs even though the disability rate is projected to decline. Refer to Graph 4[8] (The total population disability rate per 100 persons declined from 11.1 to 10.2 between 1990 and 2000, and is projected to decline to 9.8 by 2030.)

[8] Hedderson, John et al., *Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030*. Sacramento: Walter R. McDonald & Associates, 2002.

Graph 4: Disabled Population by Age
Los Angeles County, 1990 to 2030



	1990	2000	2010	2020	2030
0-17	21598	22596	22444	22171	23380
18-29	137299	114189	99856	105872	92392
30-39	147724	137188	92444	92229	105867
40-59	255441	294533	352800	289267	236714
60+	420236	398274	466384	612181	743788

Poverty

In 1990 and 2000, the aged population had lower poverty rates than the general population; however, between 1990 and 2000 the poverty rate for the population ages 60 to 74 rose from 4.3 to 8.2 percent. The population over the age of 75 had a decline in their poverty rate from 5.0 percent to 4.1 percent during the same period.

As indicated in Graphs 5 – 7[9], the estimate of the poverty population ages 60 to 74 rose 45 percent between 1990 and 2000 (from 71,000 to 104,000), while the poverty population over the age of 75 declined 22 percent (from 35,000 to 27,000). It is likely that the poverty rate of the aged population will increase in the future as Hispanics, who have higher poverty rates than the general population, become a larger proportion of the aged. The number of aged in poverty will increase because of the higher rates and because their population numbers will be increasing from 2000 to 2030.

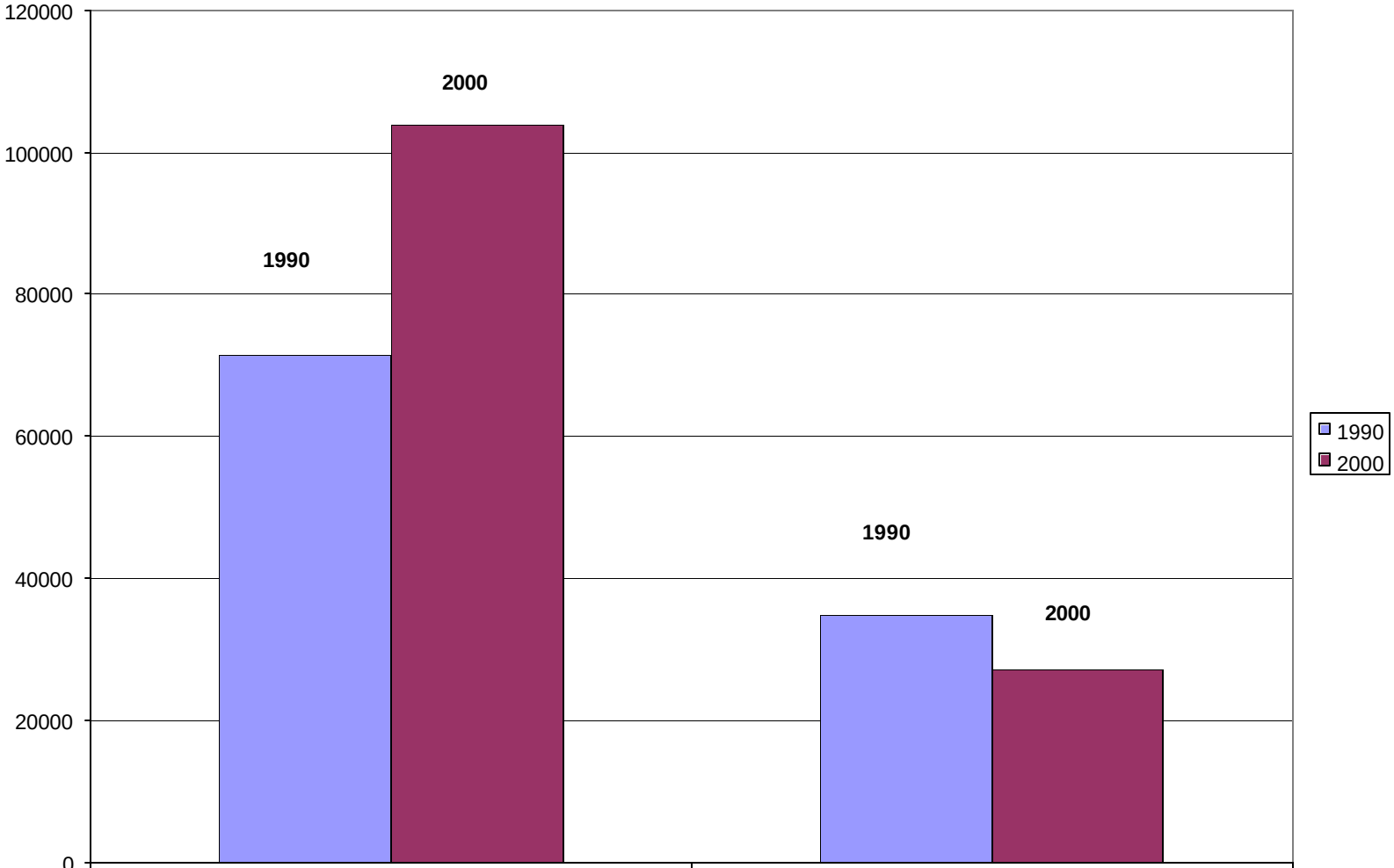
In 1990 and 2000, females were a substantial majority of the aged in poverty for both the 60 to 74 and the 75 and older age groups (see Chart 7).

In 1990, there was no race/ethnic group that was a majority among the aged in poverty (see Chart 8). Among the poverty population ages 60 and older, Whites were most numerous (48,000), followed by Hispanics (27,000), Blacks (19,000), Asian/Pacific Islanders (11,000), and American Indians (408 persons).

In 2000 again no race/ethnic group was a majority among the aged. Whites numbered 50,000 followed closely by Hispanics (49,000), Asian/Pacific Islanders (22,000), Blacks (10,000). The 2000 numbers are from sample data from which reliable numbers could not be calculated for data of the American Indian population.

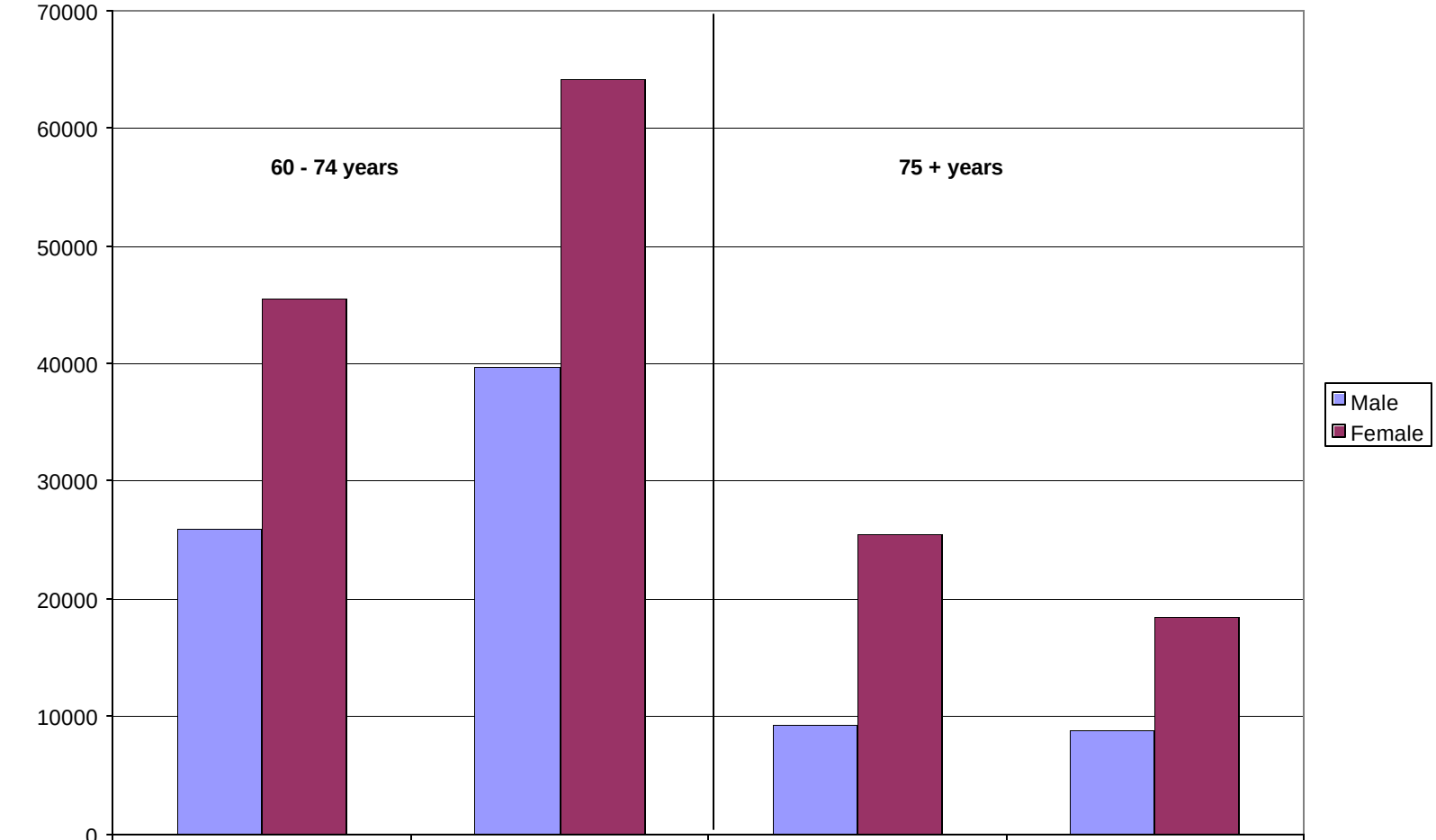
[9] Walter R. McDonald & Assoc., Inc. 6/27/02.

Graph 5: Older Adult Population Living in Poverty by Age
Los Angeles County, 1990 and 2000



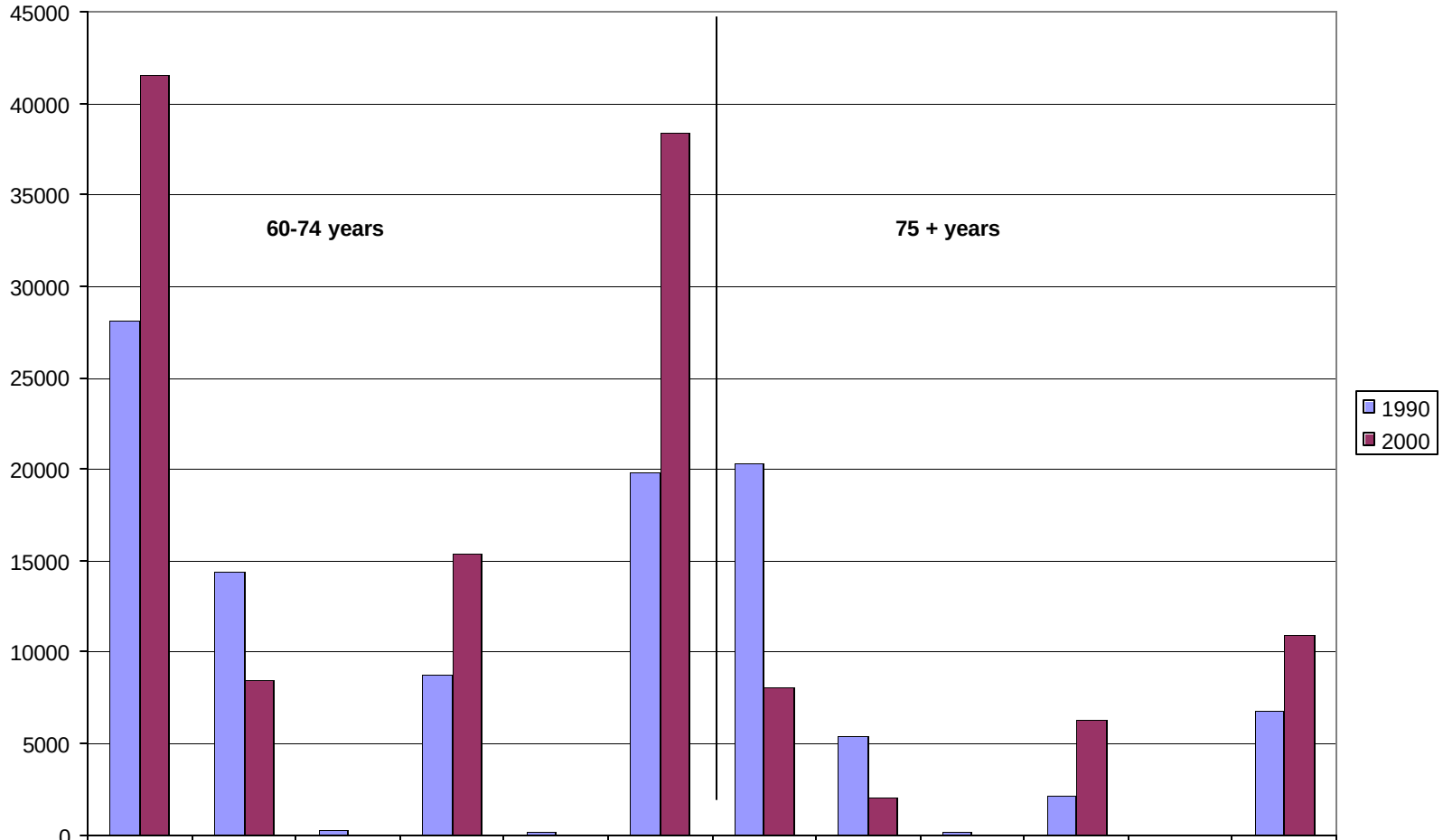
	60-74	75+
1990	71479	34783
2000	103815.52	27288.9

Graph 6: Older Adult Population Living in Poverty by Age and Sex
Los Angeles County, 1990 and 2000



	1990	2000	1990	2000
Male	25900	39671.1	9290	8830.99
Female	45579	64144.42	25493	18457.91

Graph 7: Older Adult Population Living In Poverty by Age and Race/Ethnicity
Los Angeles County, 1990 and 2000



	White	Black	Am. Ind.	Asian/P.I.	Other	Hisp	White	Black	Am. Ind.	Asian/P.I.	Other	Hisp
1990	28168	14339	268	8759	152	19793	20315	5432	140	2088	5	6803
2000	41517.3	8444.66	0	15423.89	0	38429.67	8069.69	2067.53	0	6253.17	0	10898.51

Table 3[10]

Aged & Disabled Population
Los Angeles County
(2000-2030)

Year	Total County Population	Aged/Disabled Population (60+ Years)	Disabled Population (0-59 Years)	Total Aged/Disabled Population	Aged/Disabled % Total County Population
2000	9,519,308	1,233,406	568,506	1,801,912	19%
2010	10,604,452	1,625,969	567,544	2,193,513	21%
2020	11,575,693	2,324,577	509,539	2,834,116	25%
2030	12,737,077	3,076,164	458,353	3,534,517	28%

Demographic Diversity

Another critical factor is the diversity of people living in Los Angeles County. From 2000 to 2030, the aged among all the race/ethnicity groups are projected to increase substantially every decade. This is the combined impacts of the large "baby boom" cohorts born between 1945 and 1960 who are beginning to turn 60 in 2005 and the ageing of the immigrant populations. The Hispanic elderly increase the most in absolute numbers, and they are expected to be a majority of the elderly by 2010. Wide-ranging differences reflect a variety of ethnic, economic, and educational indicators. Linguistic barriers, customs, religious views, attitudes towards aging and disabilities, family roles in caregiving, and comfort with official institutions all affect people's expectations of and ability to access services throughout the County. Less easy to track, but also important and often closely linked to ethnic differences, are the economic and educational differences among older adults and persons with disabilities. Income levels, ability to pay, degrees of education, and standards of living tend to influence utilization of services.

This demographic diversity will affect the delivery of long-term care services in the future more than it currently does due to the increased proportion of minorities and the poor/near-poor. Although, all of the ethnic groups will increase in number, their rates of increase will vary considerably and lead to a profound reversal in overall cultural composition among older adults and people with disabilities. Caucasian-Americans comprised slightly more than half (54%) of the County aged and disabled adults in 2000 and are projected to grow more than 50% by 2030 when they will constitute a third of that population (34%); Hispanic-Americans (21%) and Asian-Americans (13%) combined to comprise a third of the aged and disabled adults population in 2000 but are projected to grow 8-10 times faster (500% and 320% respectively) and together will constitute nearly 60% (42% and 16% respectively) of County aged and disabled adults in 2030 (Table 4).

[10] Hedderson, John et al., *Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030.* Sacramento: Walter R. McDonald & Associates, 2002.

Table 4[11]

Ethnic Diversity Among the Aged
Los Angeles County
(2000-2030)

Year	Total County Aged	Caucasian American	Hispanic American	Asian American	African American	Native American
2000	1,233,406	667,698	256,914	156,524	122,205	3,249
2010	1,625,969	739,621	480,691	252,825	146,166	6,666
2020	2,324,577	934,932	804,143	372,402	203,753	9,347
2030	3,076,164	1,040,582	1,293,088	501,497	229,831	11,166

As the County's population ages, this diversity provides numerous challenges to everyone involved in long-term care. Older adults will continue to manifest the highest poverty rate of any demographic group of Americans, despite rising benefits and entitlements for those over 65, and the neediest elderly are still likely to be members of ethnically diverse groups. The barriers associated with such a large proportion of linguistically-varied aged and disabled adults will also complicate service demand, in terms of inhibiting access/utilization by consumers and requiring more language-specific delivery of services by providers.

Women's Issues

The most pivotal demographic indicator reflects the disproportionate role of women as both care-receivers and care-givers. As care-receivers, females constituted a majority of older adults in Los Angeles County (57%) across elderly age groups and ethnic categories in 2000. This rate is projected to decline slightly (52%) by 2030 (Table 5), however, women will place a much greater demand on long-term care services for several core reasons. One reason is that the total number of elderly women will increase dramatically in the next three decades, more than doubling by 2030 (Table 5). A second reason is that females comprise a larger percentage of the frail elderly (85+ years of age) than is true in other senior age groups, out-numbering males by a nearly 2:1 ratio (65%-35%). Women historically outlive men by an average of six years and suffer higher rates of debilitating maladies like dementia and osteoporosis.[12] A third reason is that women generally have significantly fewer financial resources (e.g., pensions and shorter work histories) than men and have to make them stretch further, due to their lower lifetime earnings and greater longevity.

As caregivers, females constitute an even more significant majority of people who are engaged in providing some level of informal care to family or friends – about 75% of the total

[11] Hedderson, John et al., *Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030.* Sacramento: Walter R. McDonald & Associates, 2002.
[12] The Stake of Older Women in America. Washington D.C.: Older Women's League, 2001.

caregivers, according to some estimates.[13] This includes women who are caring for elderly spouses, parents, and peers as well as children and grandchildren. Women also form a substantial majority of formal caregivers, such as nurses and social workers, who are primarily involved in providing the professional programs and services that are available to help older adults and people with disabilities remain in home or home-like settings for as long as they choose to do so. The financial effects of these trends are also worth emphasizing. Informal caregivers tend to receive little or no compensation while formal caregivers fare only slightly better unless they are providing advanced medical and mental health care. Consequently, women's issues will warrant special attention in any long-term care system the County develops – especially in terms of ensuring greater sensitivity to and focus on meeting their needs as care-receivers and as caregivers.

Table 5[14]

Gender Diversity Among the Aged
Los Angeles County
(2000-2030)

Year	Total County Aged	Total Females	Total Males	% Total Females	% Total Males	
2000	1,233,406	705,937	527,469	57%	43%	
2010	1,625,969	903,225	722,744	56%	44%	
2020	2,324,577	1,255,796	1,068,781	54%	46%	
2030	3,076,164	1,610,144	1,466,020	52%	48%	

Life Expectancy

Another critical factor disproportionately amplifying demand for services is that people are living much longer today than previous generations. Half a century ago, people lived an average of seven years beyond retirement; now, they are living an average of 22 years beyond retirement – a trend that is likely to escalate with the elderly of tomorrow. Longer life expectancy poses enormous actuarial implications for long-term care planning. As older adults age they typically evidence increasing levels of chronic health problems and functional disabilities. Medical advances, ranging from evolving surgical procedures and prescription drugs to preventive health care and gene therapy, will help the elderly recover from injuries and diseases that have historically led to death.

As people live longer, however, they require ever-increasing levels of assistance to help them cope with deteriorating health and perform many normal activities associated with daily living. Their needs are not evenly distributed, but usually evolve over time from a utilization of

[13] Mother's Day Report (Graph), Washington D.C.: Older Women's League, 2001.
[14] Hedderson, John et al., *Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030.* Sacramento: Walter R. McDonald & Associates, 2002.

episodic assistance among younger older adults to a dependence on chronic care among the older frail elderly. These service demands by the County's aging population – the need for a broader range of long-term care services and the need for more prolonged levels of care, for markedly longer periods of time – will significantly challenge a system whose focus has been on short-term medical interventions.

Quality of Life

Another major factor that will increasingly affect the demand for long-term care services is a shift in focus about the quality of life that older adults and adults with disabilities find most desirable. Trends in the past century reveal a growing reliance on institutionalized services as people age in part because of the increased need for specialized health care and the fading networks of extended families/friends that traditionally provided home-based support for the elderly. However, research suggests that individuals prefer to remain self-sufficient for as long as possible. Unfortunately, they find it more difficult to maintain their independence as they age and their abilities decline. As a result, those involved with long-term care – from consumers and caregivers to payors and providers – are increasingly focused on helping people reduce their reliance on large institutional services and expand their use of supportive services to remain in their homes or home-like settings for as long as they are willing and able.

This shift in emphasis from institutional to in-home services also reflects a shift from health-centered care to a balanced mix of medical/mental health/social/support services. Medical matters will certainly continue to play a leading role in the vulnerability of older adults and disabled adults, as acute and chronic illness becomes an intrinsic part of their lives, but their needs transcend health care concerns. Moreover, their needs are far more interconnected than other sectors of society and they are at greater risk if their needs are not met appropriately. Issues of safety, health care access, timeliness of intervention, psychological and social support, transportation, socialization, and housing greatly affect the quality of life that older adults and other disabled adults experience. Given that institutionalized health care is significantly more expensive than home-based supportive care, the demands for the latter kinds of services is bound to increase enormously in coming decades.

Fragmented Service Delivery

All of the service demand factors highlighted above underscore the need for both a broader variety and an increased level of public and private long-term care services for the aged and disabled adults. These range from highly institutionalized medical and mental health care services (e.g., primary care, out-patient medical clinics, medical ancillaries, preventive/wellness programs, rehabilitative services, dental care, skilled nursing facilities, and nursing homes) to community-based social and supportive services (e.g., in-home support and care, nutritional services, transportation, housing assistance, financial planning, adult protective services, caregiver support, and end-of-life care). These services are usually accessed during a crisis and result in a short-term resolution of basic needs, but overall service delivery tends to be inconsistent and inefficient in many service areas as well as deficient in others.

The most critical difficulty facing older adults and adults with disabilities is an inability to easily access available services. The problem does not primarily lie in a lack of appropriate services, although the delivery system suffers from heavy demand and inadequate resources; it also lies in the overly fragmented and often competitive nature of the long-term care system. Service delivery in Los Angeles County involves multiple payors and a variety of County agencies as well as community-based providers each with different roles and responsibilities. There is relatively little collaboration among payors and providers at this time, principally because existing financial structures and organizational realities provide few opportunities or incentives to do so. The result is that consumers often fall between the cracks and fail to receive the services they need. This situation will worsen precipitously in coming decades unless major changes are made in the service delivery system.

Institutional Capacity

Another leading factor affecting service delivery will be the County's institutional capacity to provide the specialized acute health care and skilled nursing services that older adults and the disabled require. Despite the shift towards home-based supportive services, health care will remain a core capability of the long-term care system due to the increased vulnerability of that segment of the County's population. People with serious chronic conditions are the fastest-growing and highest-costing recipients of health care today – older adults being the greatest users of hospital services and nursing homes. Their increased demand for these services is due to their evolving health needs as they grow older but it is also driven by a lack of available options. People often utilize hospitals for the treatment of minor conditions or are placed in nursing homes even though they may not need round-the-clock care solely because these institutionalized health services are usually covered by Medicare and Medi-Cal. These are the most common forms of insurance for the aged and adults with disabilities "Medi-Cal is the primary public payer for long-term care. Despite expanded coverage of home and community-based services, it remains biased in favor of institutions."[15]

Utilization trends at the County's hospitals and nursing homes have been declining during the past decade, with occupancy rates remaining fairly level even as the demands for these services has been rising.[16] This is a good sign, to the extent that it reflects a shift in use towards supportive services; but it could also be a disturbing trend. The substantial decrease in hospital beds that occurred during the past decade may discourage providers from developing the capacity that will be needed when the Baby Boomers start flooding the County's long-term care system in 2010. The dilemma facing the County is that institutionalized health care capacity is an essential part of the long-term care system, but is more expensive to develop, takes longer to create, and is less flexible to manage than home-based services. Moreover, these institutionally-based services have historically been provided by private sector hospitals and skilled nursing facilities.

[15] Stone, Robyn I. *Long-Term Care for the Elderly with Disabilities: Current Policy, Emerging Trends, and Implications for the Twenty-First Century.* New York, NY: Milbank Memorial Fund, 2000.
[16] Hedderson, John et al., *Demographic Trends Affecting Strategic Planning of Long-Term Care for the Aged and Disabled Adults, Los Angeles County, 1990-2030.* Sacramento: Walter R. McDonald & Associates, 2002.

Financial Resources

The last major factor affecting the delivery of long-term care services in Los Angeles County is financial resources. This involves funding levels as well as the source of funds and the constraints of the funding streams. Long-term care is more expensive and more dependent on a mix of public funding from federal, state, and local sources than any other economic sector (accounting for more than 30% of national health care expenditures and more than 50% of social service costs). People most likely to use County services primarily rely on a combination of Medicare (a federally-funded insurance program available to most older adults 65+ years of age and adults with disabilities, which covers their basic health care needs) and Medi-Cal (a federal/state-funded insurance program for poor and disabled people, which provides supplementary coverage for medical expenses and some long-term care services) to meet their needs.

Unfortunately, public funding streams are overly fragmented and limited. The categorical nature of these funds constrains the availability and the delivery of long-term care services, focusing on institutionalized medical treatment, with little or no authorization for requisite home-based supportive services. This occurs despite demonstrably lower proportional costs for the latter. Add to this, an unofficial willingness to spend only what it takes to remove the problem from our collective awareness. The result is a long-term care system characterized by severe underfunding, widespread fragmentation and confusion, and an overabundance of minimum-wage workers. Given that a large percentage of Baby Boomers (25%) are planning to rely on Medicare as their only source of health insurance and that many County older adults do not even have Medicare, the County can expect to face an increased demand for publicly-funded long-term care services.

Appendix B

Community Round Table (CRT)
Role & Responsibilities

Purpose. To provide guidance to the Interdepartmental Planning Body in examining existing services, needs, gaps, duplications, and potential solutions for a system of aging and disabled adult services in Los Angeles County.

Background. In March 2000, the Los Angeles County Board of Supervisors approved a motion to adopt the report "Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population" issued jointly by Community and Senior Services (CSS) and the Department of Health Services. The Board also adopted the report's recommendations including establishing an Interdepartmental Planning Body (Recommendation #1A) and a Community Roundtable (Recommendation #2A). A 13-member steering committee was charged with the responsibilities of (1) establishing the Community Roundtable selection criteria; (2) developing recruitment strategies; and (3) creating a roster of potential membership for the Community Roundtable.

Composition. The Community Roundtable will comprise approximately 30% consumers/ consumer advocates; 25% experts; 25% service providers; 10% Board appointees; and 10% general community representatives.

Recruitment Process. A letter of invitation, along with an application form was mailed to the potential members. The steering committee will conduct a one-day retreat to review the applications and make final recommendations, with respect to the selection criteria, need for diversity and overall group composition. Community and Senior Services (CSS) will inform the Board of Supervisors of the proposed membership of this group prior to its inception.

Governance. The Community Roundtable will be under the auspices of CSS and facilitated by the Project Director and consultant. CSS will be responsible for periodically informing the Board of Supervisors of the progress of this group.

Operation. The Community Roundtable will establish one Executive Committee and several sub-committees that will focus on different aspects of aging and disabled services. The sub-committees will report to the Executive Committee. The Roundtable will meet bi-monthly.

Size. Approximately 100-150 members.

Appendix B

Community Round Table (CRT)
Tasks & Timelines

10/10/01	**CRT Meeting** Select Committee Chairs/Co-Chairs Organize Committee Work Plan
10/11/01 – 11/6/01	**CRT Committees** Finalize Committee Work Plan Prioritize Critical Issues & Needs
11/7/01	**CRT Meeting** Review Critical Issues & Needs Discuss Analysis of Priorities Present Key Points to CRT
11/8/01 – 12/14/01	**CRT Committees** Finalize Issues & Needs Analysis Submit Analysis Input to WG
2/6/02	**CRT Meeting** Review WG Draft of Issues & Needs Discuss Design Priorities Present Key Points to CRT
2/7/02 – 3/15/02	**CRT Committees** Develop Design Recommendations Submit Design Input to WG
5/8/02	**CRT Meeting** Review WG Draft of Strategic Plan Present Key Points to CRT
5/9/02 – 5/17/02	**CRT Committees** Finalize Input to Draft Strategic Plan Submit Strategic Plan Input to WG

Appendix B

Community Round Table (CRT)
Roster of Participants

The following persons participated in meetings and/or discussions leading to the development of this Plan. They are listed in the positions/roles they held at the time of their participation.

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Expert	Abbate, Anthony J.	Regional Vice-President	Healthcare Association of Southern California	515 S. Figueroa St., Ste. 1300	Los Angeles, CA 90071-3322
Consumer Adv.	Acosta, Sally	Advisory Council Member	Los Angeles City Dept. of Aging	438 N. Arden Blvd.	Los Angeles, CA 90004
Consumer Adv.	Adelseck, Karen	Chair	Senior Citizens Advisory Commission	6291 Lemon Ave.	Long Beach, CA 90805
Provider	Allen, Steve	Social Services Director	The Salvation Army	900 W. James M. Wood Blvd.	Los Angeles, CA 90015
Consumer Adv.	Ambrose, Natalie	Advisory Council Member	Los Angeles County AAA Advisory Council	39124 Calle de Sota	Santa Clarita, CA 91390-1005
Expert	Aranda, Maria	Professor	USC/ School of Social Work	Montgomery Ross Fisher Bldg. #214	Los Angeles, CA 90089-0411
Provider	Arechaederra, Maria	CEO - Senior Org	WISE Senior Services	P.O. Box 769	Santa Monica, CA 90406-0769
Expert	Bader, Jeanne	Professor	Gerontology Program/Cal State Long Beach	1250 Bellflower Blvd.	Long Beach, CA 90840
Expert	Banta, Dante	M.D.	Clinica Western / Family Medical Clinic	927 1/2 N. Western Ave.	Los Angeles, CA 90029
Consumer Adv.	Barnett, Leslie	V.P., Public Policy	Los Angeles Alzheimer's Association	12400 Wilshire Blvd., Ste. 400	Los Angeles, CA 90025
Provider	Bartholomew, Gwen	CEO	Grandma's Angels	6703 St. Clair Ave.	North Hollywood, CA 91606
General Community Rep.	Belling, Daniel	Comm. Sr. Center Supervisor	City of Downey	7810 Quill Drive	Downey, CA 90242
Consumer	Belton, Maggie		PASC	440 N. Madison, #816	Pasadena, CA 91101
Expert	Benton, Donna	Director	USC/Alzheimer Disease Resource Center/L.A. Caregiver Resource Center	3715 McClintock Ave., Los Angeles, 90089-0191	Los Angeles, CA 90089-0191

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Provider	Berens, Brad	Executive Director	Santa Clarita Valley Committee on Aging	22900 Market St.	Santa Clarita, CA 91321
Provider	Berg, Oline	Project Coordinator	Independent Living Center of Southern California, Inc.	23560 Lyons Ave., #201	Newhall, CA 91321
Provider	Bloome, Jason	President	Connections Referral Service	2658 Griffith Park, #224	Los Angeles, CA 90039
Provider	Braun, Peter	Executive Director	Alzheimer's Association of Los Angeles	5900 Wilshire Blvd. Suite1700	Los Angeles, CA 90036
	Bray, Patricia		Presbyterian Inter-Community Hospital	15050 Imperial Highway	La Mirada, CA 90638
	Brickson, Gretchen	Director	Downey Regional Medical Center	11500 Brookshire Ave. / P.O. Box 7010	Downey, CA 90241-7010
Consumer	Brown, Sybil			17701 Avalon Blvd. #410	Carson, CA 90746
General Community Rep.	Busseau, Beth	Human Service Sup.	City of Glendora La Fetra Center for Seniors	116 E. Foothill Blvd.	Glendora, CA 91741
Expert	Carreon, Jess	Superintendent-President	Rio Hondo College	3600 Workman Mill Road	Whittier, CA 90601
Provider	Carter, Bernadette	Manager	Shield Healthcare	9520 Norwalk Blvd.	Santa Fe Springs, CA 90670
Consumer	Cauley, Rosalie	Advisory Council Member	Los Angeles County AAA Advisory Council	21416 Nectar Ave.	Lakewood, CA 90715
Consumer Advocate	Cedro-Hament, Adrienne	Past Chairperson	L.A. County Mental Health Commission	P.O. Box 41856	Los Angeles, CA 90041-0856
Consumer	Chang, Cherry			777 E. Valley Blvd.	Alhambra, CA 91801
	Chavarria, Molly	Project Director	Mexican American Opportunity Foundation	972 South Goodrich Blvd.	City of Commerce, CA 90022
Provider	Chhim, Him	Executive Director	Cambodian Association of America	2501 Atlantic Ave.	Long Beach, CA 90806
Expert	Cho, Fred	Program Manager	Vons Pharmaceutical Care	2101 West Imperial Highway	La Habra, CA 90631
Consumer Adv.	Clark, Gloria	Director	Human Services & Family Development Division	215 West 6th St., Room 604	Los Angeles, CA 90014
Consumer Adv.	Cohen, Dan	Board Member	Los Angeles County AAA Advisory Council	2707 -11th St.	Santa Monica, CA 90405
Expert	Crawford, Frances	Coodinator of Kinship Service	Children's Institute International	711 South New Hampshire	Los Angeles, CA 90005
Provider	Cruz, Ann	Director, Senior Center	City of Commerce Senior Center	2555 Commerce Way	Commerce, CA 90040
Provider	D'Andrea, Martha	Administrator	Senior/Disabled Transportation	221 N. Figueroa, Rm 400	Los Angeles, CA 90012

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Provider	Danner, John	Director of Comm. Service	Rancho Los Amigos Medical Center	7601 E. Imperial Hwy, 800 West Annex	Downey, CA 90242
Consumer Adv.	de Borrego, Sylvia			6931 East Spring St.	Long Beach, CA 90808
Provider	De la Cruz, Bonnie	President	Grandma's Angels	925 So. Fie St., Unit A	Inglewood, CA 90303
Consumer	de Toledo, Sylvie	Director	Grandparents as Parents	14000 Peach Grove St.	Sherman Oaks, CA 91423
Provider	Demonteverde, Sam	Director	Asian Pacific Islander Older Adults Task Force	231 E. 3rd St. #101	Los Angeles, CA 90013
Provider	Devarakonda, Leela	Service Coordinator	Westside Regional Center	5901 Green Valley Circle, Ste. 320	Culver City, CA 90230-6953
Provider	Diaz, Joe	Regional Director	California Association of Health Facilities	1125 W. 6th St., Ste. 304	Los Angeles, CA 90017
Provider	Donahue, Mary Ann	Division Director	Didi Hirsh Community Mental Health Center	4760 So. Sepulveda Blvd.	Culver City, CA 90230
Provider	Edwards, Harriet	Program Director	People Coordinated Services	5133 Crenshaw Blvd.	Los Angeles, CA 90043
Consumer Adv.	Fields, Ann	Advisory Council Member	Los Angeles County AAA Advisory Council	3920 Magnolia Ave.	Lynwood, CA 90262
Provider	Forer-Dehrey, Susie	Assistant Executive Director	Jewish Family Service of Los Angeles	6505 Wilshire Blvd., Ste. 500	Los Angeles, CA 90048
	Fortune, Diana	Director	Las Flore Conv. CAHF - Long Beach/South Bay Chapt. Pres.	14165 Purche Ave.	Gardena, CA 90249
Provider	Fournier, John	Coordinator Senior Program	Gay and Lesbian Center	1125 N. McCadden Pl.	Los Angeles, CA 90038
Provider	Franck, Luke	Program Manager	San Gabriel/Pomona Regional Center	761 Corporate Center Dr.	Pomona, CA 91768
Expert/ Labor Union	Freeman, Tyrone	General Manager	SEIU Local 434 B	2515 Beverly Blvd.	Los Angeles, CA 90057
GCR	Fuentes, Julio	City Manager	City of Alhambra	111 S. First St.	Alhambra, CA 91801
Expert	Gitomer, Mariana	Public Affairs Specialist	Social Security Administration	888 S. Figueroa Ave., Ste. 1070	Los Angeles, CA 90017
Expert	Goodman, Catherine	Professor	Cal State Long Beach/Dept. of Social Work	1250 Bellflower Blvd.	Long Beach, CA 90840
Consumer	Gordon, Larry	Foundtation Board	GAP	19001 Kelfinan St.	Northridge, CA 91326
	Guiterrez, Richard			4716 Cesar Chavez Ave., Ste. B	Los Angeles, CA 90022

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Expert/Law Enforcement	Gutierrez, Victor	President	L.A. County Police Officers Association	6363 Wilshire Blvd., #117	Los Angeles, CA
Expert	Hackstaff, Lynn	ACSW Diplomate, LCSW	Kaiser Permanente Asst. Manager, Geriatrics	12200 Bellflower Blvd.	Downey, CA 90242
Expert	Hahn, Joan Earle	Asst. Prof./ Clinical Nurse Specialist	UCLA School of Nursing	Factor Bldg., Room 5-145, Box 956919	Los Angeles, CA 90095-6919
Consumer Adv.	Han, Eugene	Advisory Council Member	Los Angeles County AAA Advisory Council	18025 Sandyscape Dr.	Pacific Palisades, CA 90272
General Community Rep.	Hand, Janet	ADA Coordinator	City of Santa Monica	1685 Main St. Rm. 212	Santa Monica, CA 90401
Provider	Harper, Aileen	Director, Direct Services	Center for Health Care Rights	520 S. Lafayette Park Pl. Ste.214	Los Angeles, CA 90057
Expert	Hart, Bonnie	Executive Director	ENHANCE Program	12435 Oxnard St.	North Hollywood, CA 91606
Expert/ Economic/ Housing	Herman, Bonny	President and CEO	Valley Industry and Commerce Association (VICA)	5121 Van Nuys Blvd., Ste. 203	Sherman Oaks, CA 91403
Provider	Hill, Bobbie	CEO	Community Senior Services	2120 Foothill Blvd, Ste. 115	La Verne, CA 91750
Provider	Hill, Judy	Teacher	Braille Institute	741 North Vermont Ave.	Los Angeles, CA 90029
Expert	Hong, Forrest	Director, Community Outreach & Education	LivHOME	5900 Wilshire Blvd., Ste. 705	Los Angeles, CA 90036
Expert	Hurd, Michael	Director	RAND	1700 Main St., P.O. Box 2138	Santa Monica, CA 90407
Consumer	Johnson, Diane	Director, Retired and Senior Volunteer Prog.	Retired & Senior Volunteer Program	3801 E. Willow St.	Long Beach, CA 90815
Expert	Johnson-Hall, Tiena	LA Office Manager	Bank of America Community Development Banking	333 S. Beaudry Ave. 25th Floor Mail Code CA9-703-25-15	Los Angeles, CA 90017
Provider	Jordan, Gwendolyn	Director of Clinical Services	Frank D. Lanterman Regional Center	3303 Wilshire Blvd. Ste. 700	Los Angeles, CA 90010
Expert/ Housing	Joseph, Laverne	President and CEO	Retirement Housing Foundation	911 Studebaker Rd.	Long Beach, CA 90815
Provider	Karl, Sylvia	Director, Social Services	Southern California Presbyterian Homes	6850 Florence Ave.	Bell Gardens, CA 90201
Consumer Adv.	Kennedy, Jack	HealthCare Specialist Volunteer	American Association of Retired Persons (AARP)	c/o Santa Anita Family Services, 605 S. Myrtle Ave.	Monrovia, CA 91016
Expert	Kershner, Helen	President	Beverly Foundation	566 El Dorado Street, Ste. 100	Pasadena, CA 91101-2560
Provider	Khalid, Somsri	Director	Asian Pacific Counseling & Treatment Center	5900 Sepulveda Blvd. #425	Van Nuys, CA 91411

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
General Community Rep.	Kong, Chhean	President	Khemara Buddhikaram Religious and Social Service Center	1975 Long Beach Blvd.	Long Beach, CA 90806
Consumer Advocate	Lacayo, Carmelo	President	National Association for Hispanic Elderly	234 E. Colorado Blvd., Ste. 300	Pasadena, CA 91101
Expert	Lambrinos, Jorge	Director	Cal State L.A./Roybal Institute	5151 State University Dr.	Los Angeles, CA 90032-8903
Provider	Lane, Carol	Executive Director	Service Center for Independent Living	109 South Spring St.	Claremont, CA 91711
Provider	Lash, David	Executive Director	Bet Tzedek Legal Services	145 South Fairfax Ave., Ste. 200	Los Angeles, CA 90036
Provider	Last, Marian	Center Director	City of El Monte	3120 N. Tyler Ave.	El Monte, CA 91731
Consumer Advocate	Levinson, Eric	President	Advisory Council on Disabilities	1044 N. Ontario St.	Burbank, CA 91505-2631
	Lewis/Brown, Elizabeth			17701 Avalon Blvd. #410	Carson, CA 90746
Consumer Advocate	Long, Eva		City of Commerce	5546 E. Village Dr.	Commerce, CA 90040
Provider	Lopez Williams, Ruth	CEO	Americade Home Health Agency	9040 Telstar Ave., Ste. 127	El Monte, CA 91731
Provider	Maquindang, Susan	Director	Filipino American Services Group, Inc. (FASGI)	135 N. Park View St.	Los Angeles, CA 90026
Provider	Marino, Theresa	Director	City of Long Beach Dept. of Health and Human Services	2525 Grand Ave.	Long Beach, CA 90815
General Community Rep.	Marshall, Ann	Dir. of Community Services	City of Avalon	P.O. Box 1980	Avalon, CA 90704
Provider	Mataalii, Sala	Project Coordinator	Samoan National Nurses Association	1145 W. Redondo Beach Blvd.	Gardena, CA 90247
	McLaughlin, Jim	Director of Transit Planning	Metropolitan Transportation Authority	One Gateway Plaza, MS 99-23-1	Los Angeles, CA 90012
Provider	Miyake, Shawn	CEO	KEIRO Services	325 S. Boyle Ave.	Los Angeles, CA 90033
Consumer Adv.	Moore, Doreen	Advisory Council Member	Los Angeles County AAA Advisory Council	1410 Riviera Dr.	Pasadena, CA 91107
Consumer	Moore, Katherine			1419 Rust Ct.	Claremont, CA 91711
General Comm. Rep.	Mosby, Dorothea	Director, Parks and Recreation	City of South Gate	4900 Southern Ave.	South Gate , CA 90280
Consumer	Mummey, Janet			209 Montana Ave. Ste. 102	Santa Monica, CA 90403

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
	Munguia, Nadine	Director	Ability First East L.A. Center	154 N. Gage Ave.	Los Angeles, CA 90063
Consumer	Nack, Kathryn			2196 Monte Vista St.	Pasadena, CA 91107-2447
Consumer Adv.	Nakamura, Yukio		Los Angeles County AAA Advisory Council	12213 Ramona Blvd.	El Monte, CA 91732
Provider	Nelson, Dottie Cebula	CEO	Villa Esperanza	2116 E. Villa St.	Pasadena, CA 91107
Provider	Nelson, Michael	President/CEO	InterValley Health Plan	300 S. Park Ave. Ste. 300	Pomona, CA 91769-6002
Provider	Nelson, Norman	Program Director	Life Steps Foundations Inc.	304 E. Spruce Ave.	Inglewood, CA 90301
Provider	Netburn, Mitchell	Executive Director	Los Angeles Homeless Services Authority	548 S. Spring St., Ste. 400	Los Angeles, CA 90013
Expert	Newton, Roberta	Executive Director	State of California Developmental Disabilities Area Board X	411 N. Central Ave., Ste. 620	Glendale, CA 91203-2020
Provider	Okano, Michiyo	Director, Community Relations	WRAP Family Services	8616 La Tijera Blvd. #200	Los Angeles, CA 90045
General Community Rep.	Otero, Chelsea	Supervisor	Cerritos Senior Center	12340 South St.	Cerritos, CA 90703
Consumer	Pasqual, Ramon			518 North Grand Ave.	San Pedro, CA 90731
General Community Rep.	Philips, Paul	City Manager	City of Covina	125 E. College St.	Covina, CA 91723
Expert	Pinney, Gary (Regina Kirschenbaum)	General Manager	Los Angeles Housing Dept.	111 N. Hope St., Rm. 769	Los Angeles, CA 90012
Consumer Adv.	Powers, Nadia	Chair, Transportations	Los Angeles County Commission on Aging	860 S. Rimpau Blvd.	Los Angeles, CA 90005
	Ramirez, Yolanda	Acting Executive Director	Community Rehabilitation Services	4716 East Cesar Chavez Ave.	Los Angeles, CA 90022
	Resendez, Irma	Executive Director	Familia Unida Living with MS	4716 East Cesar Chavez Ave.	Los Angeles, CA 90022
Consumer Advocate	Rickles, Ric	Chairperson	City of West Hollywood Senior Advisory Board	1233 N. Crescent Heights #4	West Hollywood, CA 90046
Consumer Adv.	Riddick, Nathaniel	President	L.A. County Commission on Aging	2723 Monroe	Carson, CA 90810
Consumer	Robinson, Bernadette	Social Services Assistant	Joslyn Senior Center	660 N. Mountain Ave.	Claremont, CA 91711

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Consumer Adv.	Robison, Mary	Teacher/Special Education		5623 Flagstone St.	Long Beach, CA 90808
Consumer Adv.	Rostker, Patricia	Advisory Council Member	Los Angeles County AAA Advisory Council	1130 Starlit Lane	Monrovia, CA 91016
Provider	Saborio, Rigo	Manager of State Operations	American Association of Retired Persons (AARP)	3460 Wilshire Blvd., Ste. 300	Los Angeles, CA 90036
Consumer Advocate	Sadler, Agnes	Case Manager	Jewish Family and Children Service	3801 E. Willow St.	Long Beach, CA 90815
Provider	Samuels, Myrna	Director, Senior Services	Verdugo Mental Health Center	1540 E. Colorado St.	Glendale, CA 91205
Consumer Adv.	Schachter, Marvin	President	Los Angeles County AAA Advisory Council - Calif. Commission on Aging	300 California Terrace	Pasadena, CA 91105
Expert	Schwab, Timothy	Chief Medical Officer	SCAN Health Plan	3780 Kilroy Airport Way, Suite 600	Long Beach, CA 90806-2460
Expert/ Housing	Schwartz, Ruth (Becky Dennison)	Executive Director	Shelter Partnership	523 W. 6th St. Ste. 616	Los Angeles, CA 90014
Provider	Segovia, Jesus	Community Relations Analyst	Access Services	P.O. Box 71684	Los Angeles, CA 90071-0684
	Serrano, Elia	Director	Retired Senior Volunteer Program	4848 Colonia de las Rosas	Los Angeles, CA 90022
Expert	Shapero, Sanford	Founding Director	Orthopaedic Hospital/ Center for Gerontology	2400 S. Flower St.	Los Angeles, CA 90007
Provider	Shearer, Sue	VP Program Development	Pacific Clinics	800 Santa Anita	Arcadia, CA 91006
Provider	Shultz, Judith	Executive Director	Jewish Family & Children's Service	3801 E. Willow St.	Long Beach, CA 90815
Provider	Simmons, June	CEO	Partners in Care Foundation	101 S. First St. #1000	Burbank, CA 91502
Expert/Transportation	Sims, Jim	Director	SCAG/Rideshare & Information Services	818 W. 7th St.	Los Angeles, CA 90017
Provider	Singh, Inder	Chairman	National Federations of Indian-American Associations	3818 Gleneagles Drive	Tarzana, CA 91356
Provider	Smith, Amelia	Administrator	BV General	1220 S. Central Ave., Ste. 203	Glendale, CA 91204
Expert	Smith, Ann	General Manager	Los Angeles City Dept. of Aging	2404 Wilshire Blvd., Ste. 400	Los Angeles, CA 90057
Expert	Smits, John	Acting Exec. Director	LA Care Health Plan	555 W. 5th St. 18th Floor	Los Angeles, CA 90013

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Provider	Soldevilla, Elvira	Director, Adult Specialist Rehab Services	Asian Pacific Counseling and Treatment Centers	520 S. Lafayette Park Place #300	Los Angeles, CA 90057
General Community Rep.	Sorensen, Kathy	Director, Community Services	City of Signal Hill	2175 Cherry Ave.	Signal Hill , CA 90806
Expert	Spolidoro, Andrea	Advisory Council Member	Los Angeles County AAA Advisory Council c/o Little Tokyo Service Center	231 E. Third St., Ste. G104	Los Angeles, CA 90013
Provider	Starr, Paula	Executive Director	Southern California Indian Center	10175 Slater Ave., #150	Fountain Valley, CA 92708
Provider	Steres Connella, Julie	Vice President, Programs and Services	Center for Healthy Aging	2125 Arizona Ave.	Santa Monica, CA 90404
Provider	Strollo, Lee	Community Services Specialist	Eastern Los Angeles Regional Center	1000 S. Fremont Ave.	Alhambra, CA 91801
Provider	Suh, Chong	Executive Director	Asian Pacific Counseling/Treatment	520 S. Lafayette Park Pl.	Los Angeles, CA 90057
General Community Rep.	Sullivan, Carla	Community Services Superintendent	City of La Verne	3660 D Street	La Verne, CA 91750
Provider	Sun, Yvonne	Project Coordinator, Geriatric Program	Asian Pacific Counseling/Treatment	520 S. Lafayette Park Pl.	Los Angeles, CA 90057
Provider	Sundberg, Suzanne	Executive Director	Human Services Association	6800 Florence Ave.	Bell Gardens, CA 90201
Provider	Suon, Say		United Cambodian Community	2338 E. Anaheim St., Rm.#220	Long Beach, CA 90804
Provider	Suyenaga, Lee	CEO	Alhambra Hospital Medical Center	100 So. Raymond Ave.	Alhambra, CA 91801
Expert/ Labor Union	Tate, Caroline	International Representative	UAW Region 5 Retired Workers Center (UAW)	6500 S. Rosemead Blvd.	Pico Rivera, CA 90660
General Community Rep.	Torres, Vince	Community Services and Recreation Director	City of Paramount	16400 Colorado Ave.	Paramount, CA 90723
Expert	Torres-Gil, Fernando	Associate Dean	UCLA/ School of Public Policy & Social Research	3250 Public Policy Bldg. Box 951656	Los Angeles, CA 90095
Expert	Tyler, Rachelle	M.D.	Mattel Children's Hospital	300 UCLA Medical Plaza #3300	Los Angeles, CA 90095-7033
Provider	Varanond, Nongyao	Executive Director	Thai Health/Info Services	1717 N. Gramercy Place	Hollywood, CA 90028
Provider	Vescovo, Norma	Executive Director	Independent Living Center of Southern California	14402 Haynes St., Suite 103	Van Nuys, CA 91401

CATEGORY	NAME	TITLE	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Consumer Adv.	Walsh, Ed	Advisory Council Member	L.A. County AAA Advisory Council c/o Huntington SCN	837 S. Fair Oaks #100	Pasadena, CA 91105
Provider	Wang, Shone	President	National Security Construction & Appraisal, Inc.	3675 E. Huntington Dr., Suite 215	Pasadena, CA 91107
Consumer Adv.	Wasson, Barbara	Advisory Council Member	Los Angeles County AAA Advisory Council	9694 Paseo De Oro	Cypress, CA 90630
	Weintraub, Bernie	Advisory Council Member		120 S. Vista Street	Los Angeles, CA 90036
Expert	White, Monika	President/CEO	Center for Healthy Aging	2125 Arizona Ave.	Santa Monica, CA 90404
Expert	White, Barbara	Professor	Cal State Long Beach/Dept. of Nursing	1250 Bellflower Blvd.	Long Beach, CA 90840
Expert	Williams, Bradley	Associate Professor	USC School of Pharmacy	1985 Zonal Ave.	Los Angeles, CA 90033
Consumer	Wilson, Patricia	Co-chair Older Women's Issues	AAA Advisory Council	3451 Primera Ave.	Los Angeles, CA 90068-1551
Consumer Advocate	Winston-Doman, Jane	Gerontologist	Beverly Hills Recreation and Parks Department	471 S. Roxbury Dr.	Beverly Hills, CA 90212-4113
	Wolf, Michelle	Caregiver		1117 S. Alfred St.	Los Angeles, CA 90035
GCR	Wolfe, Judy	Human Services Coordinator	City of Pasadena - Jackie Robinson Center	1020 N. Fair Oaks	Pasadena, CA 91103
Expert	Wong, Andrew	Assoc. Prof. Of Clinical Medicine	Olive View- UCLA Medical Center	14445 Olive View Dr., Room 2B182	Sylmar, CA 91342
Provider	Wong, Carrie	Beneficiary Outreach Representative	Medicare Program	5151-B Camino Ruiz G	Camarillo, CA 93012
Provider	Wong, Elizabeth	Executive Director	QEW Consultation	323 N. Howard St.	Glendale, CA 91206
Provider	Woody, Patricia	Program Coordinator	Los Angeles Family AIDS Network	1680 North Vine St. #1200	Los Angeles, CA 90028
Provider	Young, Carolyn	Coordinator/Sr. Peer Counseling Program	Saint Joseph Medical Center	3413 Pacific Ave.	Burbank, CA 91505
General Community Rep.	Yugar, Pamela		Walnut Senior Center	P.O. Box 682	Walnut, CA 91789

Appendix C

Interdepartmental Planning Body (IPB)
Roles & Responsibilities

Purpose. To review the current structure of the County's service delivery system and design a model of integrated planning, funding and services for all County Departments serving older adults and disabled adults.

Background. In March 2000, the Los Angeles County Board of Supervisors approved a motion to adopt the report "Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population" issued jointly by Community and Senior Services (CSS) and Department of Health Services. The Board also adopted the report's recommendations including establishing an Interdepartmental Planning Body (Recommendation #1A) and a Community Roundtable (Recommendation #2A).

Composition. The Interdepartmental Planning Body will comprise departmental representatives at the level of policy manager or above.

Recruitment Process. A letter from Community and Senior Services (CSS) will be mailed to key County Department Directors to invite them or their appointees to participate on the Interdepartmental Planning Body. CSS will inform the Board of Supervisors of the proposed membership of this group prior to its inception.

Governance. The Interdepartmental Planning Body will be under the auspices of CSS and facilitated by the Project Director and consultant. CSS will be responsible for periodically informing the Board of Supervisors of the progress of this group.

Operation. The Interdepartmental Planning Body will establish one Executive Committee and several sub-committees that will focus on different aspects of aging and disabled services. The sub-committees will report to the Executive Committee. The Planning Body will meet monthly.

Size. Approximately 30 members

Appendix C

Interdepartmental Planning Body (IPB)
Tasks & Timelines

10/4/01	**IPB Meeting**
10/5/01 – 11/7/01	**IPB** Select IPB Reps for Work Group Organize IPB Work Plan Prioritize Critical Issues & Needs
11/8/01	**IPB Meeting** Review Critical Issues & Needs Discuss Analysis of Priorities Present Key Points to CRT
11/9/01 – 12/14/01	**IPB** Analyze Issues & Needs Priorities Submit Analysis Input to WG
2/7/02	**IPB Meeting** Review WG Draft of Issues & Needs Discuss Design Priorities Present Key Points to CRT
2/8/02 – 3/15/02	**IPB** Develop Design Recommendations Submit Design Input to WG
5/9/02	**IPB Meeting** Review WG Draft of Strategic Plan Present Key Points to CRT
5/10/02 – 5/17/02	**IPB** Finalize Input to Draft Strategic Plan Submit Strategic Plan Input to WG

Appendix C

Interdepartmental Planning Body (IPB)
Roster of Participants

The following persons participated in meetings and/or discussions leading to the development of this Plan. They are listed in the positions/roles they held at the time of their participation.

DEPARTMENT	NAME	ADDRESS	CITY/ZIP
Affirmative Action Compliance Office	Gordon Anthony	201 N. Figueroa #1440	Los Angeles, CA 90012
Animal Care & Control	Yvette Jones	11258 S. Garfield Avenue	Downey, CA 90242
Assessor	Carol Quan	500 W. Temple Street, Room 320	Los Angeles, CA 90012
Board of Supervisors	Jim Corbett	500 W. Temple Street, Room 383	Los Angeles, CA 90012
Chief Administrative Office	David Seidenfeld	500 W. Temple Street, Room 750	Los Angeles, CA 90012
Chief Information Office	Jonathan William	500 W. Temple Street, Room 493	Los Angeles, CA 90012
Children & Family Services	Alice Lodico	425 Shatto Place	Los Angeles, CA 90020
Community Development Commission	Gregg Kawczynski	1Cupania Circle	Monterey Pk, CA 91755
Consumer Affairs	Sandy Woo	500 W. Temple Street, B-96	Los Angeles, CA 90012
Employee Relations Commission	Tony Butka	500 W. Temple Street	Los Angeles, CA 90012
Fire	Richard Solis	1320 N. Eastern Avenue	Los Angeles, CA 90063
Health Services	John Schunhoff	313 N. Figueroa St., #808	Los Angeles, CA 90012
Human Relations Commission	Gene Stevenson	320 W. Temple Street	Los Angeles, CA 90012
LAHSA	Mitchell Netburn	548 S. Spring St., Ste. 400	Los Angeles, CA 90013
Mental Health	Yvette Townsend	550 South Vermont Avenue	Los Angeles, CA 90020
Military & Veterans Affairs	Robert Clayton	1816 S. Figueroa St.	Los Angeles, CA 90015
Parks & Recreation	Susan Brown	1545 Stimson Ave.	Hacienda Hts., CA 91745
Parks & Recreation	John Wicker	360 W. El Segundo Blvd.	Los Angeles, CA 90061

DEPARTMENT	NAME	ADDRESS	CITY/ZIP
Probation	Linda McCoy	9150 E. Imperial Hwy	Downey, CA 90242
Public Library	Carolyn Kobayashi	7400 East Imperial Highway	Downey, CA 90242
Public Social Services	Lanora Pook / Jim Wilson Jacob Aguilar	12860 Crossroads Parkway So.	City of Industry, CA 91746
Public Works	Kathi Delegal	900 S. Fremont Avenue	Alhambra, CA 91803-1331
Regional Planning	Julie Moore	320 W. Temple Street, Room 1360	Los Angeles, CA 90012
Registrar Recorder	Alesia Berrry	12400 E. Imperial Highway, Ste. 7211	Norwalk, CA 90650-8357
Sheriff	Jacqueline Sloniker	4700 Romona Blvd.	Monterey Park, CA 91754

Appendix D

Work Group (WG)
Role & Responsibilities

Purpose. To develop a Countywide Long-Term Care Strategic Plan for older adult and disabled adult services in Los Angeles County. The Work Group will incorporate the discussions of the Interdepartmental Planning Body and Community Roundtable into a Long-Term Care Strategic Plan that will assist the County in building a uniform vision and a coordinated service delivery system.

Background. In March 2000, the Los Angeles County Board of Supervisors approved a motion to adopt the report "Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population" issued jointly by Community and Senior Services (CSS) and the Department of Health Services. The Board also adopted the report's recommendations including establishing an Interdepartmental Planning Body (Recommendation #1A) and a Community Roundtable (Recommendation #2A). Representatives of these two entities will form the Long-Term Care Strategic Planning Work Group.

Composition. The Work Group, approximately 15-20 persons in size, will comprise the leadership of the Interdepartmental Planning Body and the Community Roundtable. The group will complete most of its work in sub-groups, based on the strategic planning topic areas.

Recruitment Process. The Interdepartmental Planning Body and Community Roundtable will identify their respective leaders by appointing Committee Chairs and Co-Chairs.

Governance. The Work Group will report to the Interdepartmental Planning Body and Community Roundtable with its findings and resulting recommendations. The Work Group is under the auspices of Community & Senior Services facilitated by the Project Director and consultant who will oversee the development of work products. CSS will periodically inform the Board of Supervisors of this group's progress.

Operation. The Work Group's sub-committees will each focus on different aspects of aging and disabled services.

Meeting Dates. The Work Group will meet monthly; the following is the proposed schedule of meetings: October 24, November 28, December 19, 2001; January 9, February 13, March 13, April 10, May 1, May 22, and June 12, 2002.

Appendix D

Work Group (WG)
Tasks & Timelines

10/24/01 — **WG Meeting**
WG Kick-Off

10/25/01 – 11/27/01 — **WG**
Draft WG Work Plan
Draft Analysis Guidelines for CRT/IPB Input

11/28/01 — **WG Meeting**
Select Chair & Co-Chair
Finalize WG Work Plan
Present Initial Issues & Needs Analysis
Finalize Analysis Guidelines for CRT/IPB Input

11/29/01 – 12/18/01 — **WG**
Review Issues & Needs Analysis
Review CRT/IPB Input on Issues & Needs

12/19/01 — **WG Meeting**
Review Background Info
Discuss CRT/IPB Input on Issues & Needs

12/20/01 – 1/8/02 — **WG**
Prioritize Issues & Needs
Draft Design Guidelines for CRT/IPB Input

1/9/02 — **WG Meeting**
Finalize WG Draft of Analysis
Draft Design Guidelines for CRT & IPB Input

1/10/02 – 2/12/02 — **WG**
Distribute WG Draft of Analysis to CRT/IPB
Review Best Practices & Background Info
Review CRT/IPB Responses to WG Draft of Analysis

2/13/02 — **WG Meeting**
Discuss CRT/IPB Responses to WG Draft of Analysis
Review Strategic Planning Options
Outline Long-Term Care Mission/Vision Statements
Outline Long-Term Care Goals & Objectives
Outline Framework for Strategic Plan

2/13/02 – 3/12/02 **WG**

Draft Long-Term Care Mission/Vision Statements
Draft Long-Term Care Goals & Objectives
Draft Framework for Strategic Plan
Review CRT/IPB Input on Design

3/13/02 **WG Meeting**

Discuss CRT/IPB Input on Design
Finalize Strategic Planning Options
Finalize Long-Term Care Mission/Vision Statements
Finalize Long-Term Care Goals & Objectives
Finalize Framework for Strategic Plan

3/14/02 – 4/9/02 **WG**

Develop WG Draft of Long-Term Care Strategic Plan

4/10/02 **WG Meeting**

Discuss WG Draft of Long-Term Care Strategic Plan

4/11/02 – 4/30/02 **WG**

Refine WG Draft of Long-Term Care Strategic Plan

5/1/02 **WG Meeting**

Finalize WG Draft of Long-Term Care Strategic Plan

5/2/02 – 5/21/02 **WG**

Distribute WG Draft of Long-Term Care Strategic Plan to CRT/IPB
Review CRT/IPB Responses to WG Draft of Long-Term Care Strategic Plan

5/22/02 **WG Meeting**

Discuss CRT/IPB Responses to WG Draft of Long-Term Care Strategic Plan
Discuss Public Forum Responses to WG Draft of Long-Term Care Strategic Plan
Outline Revisions to Long-Term Care Strategic Plan

5/23/02 – 6/11/02 **WG**

Draft Revisions to Long-Term Care Strategic Plan

6/12/02 **WG Meeting**

Finalize Revisions to Long-Term Care Strategic Plan

Appendix D

Work Group (WG)
Roster of Participants

REPRESENTATION	NAME	ORGANIZATION	STREET ADDRESS	CITY/ZIP
Chair, Caregivers & Resources Committee	Donna Benton	USC/Alzh.Disease Res.Ctr/L.A.Caregiver Res.Ctr	3715 McClintock Ave.	Los Angeles, CA 90089-0191
Co-Chair, Caregivers & Resources Committee	Maria Arechaederra	WISE Senior Services	P.O. Box 769	Santa Monica, CA 90406-0769
Co-Chair, Caregivers & Resources Committee	June Simmons	Partners in Care Foundation	101 S. First St.#1000	Burbank, CA 91502
Chair, Health Committee	Diana Fortune	Las Flores Conv. CAHF - Long Beach/South Bay Chapt. Pres.	14165 Purche Ave.	Gardena, CA 90249
Co-Chair, Health Committee	Maggie Belton	Personal Assistance Services Council	440 N. Madison, #816	Pasadena, CA 91101
Chair, Home & Community-Based Services Committee	Brad Berens	Santa Clarita Valley Committee on Aging	22900 Market St.	Santa Clarita, CA 91321
Co-Chair, Home & Community-Based Services Committee	Nate Riddick	L.A. County Commission on Aging	2723 Monroe	Carson, CA 90810
Chair, Housing Committee	Roberta Newton	State of California Developmental Disabilities Area Bd X	411 N. Central Ave., Ste. 620	Glendale, CA 91203-2020
Co-Chair, Housing Committee	Ric Rickles	City of West Hollywood Senior Advisory Board	1233 N. Crescent Heights #4	W. Hollywood, CA 90046
Co-Chair, Housing Committee	Marvin Schachter	Los Angeles County AAA Advisory Council; Calif. COA	300 California Terrace	Pasadena, CA 91105
Chair, Mental Health Committee	Adrienne Cedro-Hament	L.A. County Mental Health Commission	P.O. Box 41856	Los Angeles, CA 90041-0856
Co-Chair, Mental Health Committee	Carolyn Young	Providence Saint Joseph Medical Center	3413 Pacific Ave.	Burbank, CA 91505
Chair, Transportation Committee	Martha D'Andrea	Senior/Disabled Transportation	221 N. Figueroa, Rm 400	Los Angeles, CA 90012
Co-Chair, Transportation Committee	Robert Rodriguez	Oldtimers Foundation	3355 E. Gage Ave.	Huntington Park, CA 90255

COUNTY DEPARTMENTS (Representative from IPB memberships)

DEPARTMENT	NAME	STREET ADDRESS	CITY//ZIP
Parks & Recreation	Susan Brown	1545 Stimson Ave.	Hacienda Hts., CA 91745
CAO	David Seidenfeld	500 W. Temple St., #750	Los Angeles, CA 90012
Community Development Commission, Housing Preservation & Development	Gregg Kawczynski	1 Cupania Circle	Monterey Park, CA 91755
Office of Regional Planning	Julie Moore	320 W. Temple	Los Angeles, CA 90012
Probation	Linda McCoy	9150 E. Imperial Hwy	Downey, CA 90240
Public Social Services	Lanora Pook	12900 Crossroads Parkway So.	City of Industry, CA 91746
Public Social Services	Jim Wilson	12901 Crossroads Parkway So.	City of Industry, CA 91747
Health Services	John Schunhoff	313 N. Figueroa St., Ste. 808	Los Angeles, CA 90012
Public Works	Kathi Delegal	900 S. Fremont Ave.	Alhambra, CA 91803-1331
Mental Health	Yvette Townsend	550 S. Vermont Ave.	Los Angeles, CA 90020
LAHSA	Robin Conerly	548 S. Spring St., Ste. 400	Los Angeles, CA 90013

Appendix E

Acronyms

ADL	Activity of Daily Living
CAO	Chief Administrative Office
CBO	Community-based Organization
CDC	Community Development Commission
CIO	Chief Information Office
CRT	Community Roundtable
CSS	Community and Senior Services
CTSA	Consolidated Transportation Services Agency
DCFS	Department of Children and Family Services
DHR	Department of Human Resources
DHS	Department of Health Services
DMH	Department of Mental Health
DPR	Department of Parks and Recreation
DPSS	Department of Public Social Services
DPW	Department of Public Works
DRP	Department of Regional Planning
GCE	Geriatric Center of Excellence
IOG	Interagency Operations Group
IPB	Interdepartmental Planning Body
KCCC	Kinship Care Coordinating Council

LAHSA	Los Angeles Homeless Services Authority
LILA	Living Independently in Los Angeles
LTC	Long-Term Care
LTCCC	Long Term Care Coordinating Council
MDT	Multidisciplinary Team
MTA	Metropolitan Transportation Authority
OAAC	Office of Affirmative Action Compliance
PASC	Personal Assistance Services Council
SCAG	Southern California Association of Governments
SIAP	Service Integration Action Plan
SIB	Service Integration Branch
SPA	Service Planning Area
WG	Work Group